2008 FOR PROFIT CORPORATION

Apr 01, 2008 08:00 AN Secretary of State ANNUAL REPORT DOCUMENT # P96000026142 1. Entity Name ROGER L. WILSON, O.D., P.A. Principal Place of Business Mailing Address 110 SOLANA RD 110 SOLANA RD PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 01082008 CR2E034 (11/05) No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3367513 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILSON, ROGER L DO NOT WRITE 121 NATURES WAY PONTE VEDRA BEACH, FL 32082 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing U00000876486 04/11/08-80075-012 150.00 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PSTD** TILLE WILSON, ROGER L NAME STREET ADDRESS 121 NATURES WAY CITY-ST-ZIP PONTÉ VEDRA BEACH, FL 32082 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED