


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000065690					
1. Corporation Name WOODSON MEDICAL, Inc. 20 FAULKNER Street Ste 2 NEW SMYRNA BEACH, Florida 32168					
Principal Place of Business as above			Mailing Address		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified July 23, 1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0783422	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country USA	29	Country	8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent MALCOLM NORWOOD AYERS, JR. 828 Hope Avenue New Smyrna Beach, FLORIDA 32169		10. Name and Address of New Registered Agent	
81	Name	84	City
82	Street Address (P.O. Box Number is Not Acceptable)	85	Zip Code
83			

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE		DATE	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
	President	1.1	MALCOLM NORWOOD AYERS, JR.
STREET ADDRESS		1.2	
CITY-ST-ZIP		1.3	
		1.4	
TITLE	NAME	2.1	
		2.2	
STREET ADDRESS		2.3	
CITY-ST-ZIP		2.4	
TITLE	NAME	3.1	
		3.2	
STREET ADDRESS		3.3	
CITY-ST-ZIP		3.4	
TITLE	NAME	4.1	
		4.2	
STREET ADDRESS		4.3	
CITY-ST-ZIP		4.4	
TITLE	NAME	5.1	
		5.2	
STREET ADDRESS		5.3	
CITY-ST-ZIP		5.4	
TITLE	NAME	6.1	
		6.2	
STREET ADDRESS		6.3	
CITY-ST-ZIP		6.4	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MALCOLM NORWOOD AYERS, JR.** 11/23/99 904-424-6090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)

corporation question

Subject: corporation question

Date: Wed, 17 Nov 1999 08:54:09 -0500

From: corphelp <corphelp@mail.dos.state.fl.us>

To: "janwood@bellsouth.net" <janwood@bellsouth.net>

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Ms. Ayers,

Your corporation was dissolved by the state for failure to file the 1999 annual report form as required by law. Our records indicate that your second notice annual report was returned to our office as undeliverable by the U.S. Postal Service. Whenever you have a change of address it is imperative that you notify our office of this change in order to receive all correspondence from our office. The change of address is being forwarded to the appropriate department to be updated. We are mailing you a blank annual report form out to the address that you have provided. You will need to submit the completed form and check for \$150.00 to our office with a letter stating that you did not receive your annual report form in order to file timely. If you do not submit this letter with your check and document it will be rejected and returned to you requiring you to pay additional reinstatement fees.

Sammy
Internet Access

RTI

Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Dear Sirs,

I did not receive my annual report form in order to report in a timely matter. Please see enclosed form and check as directed by Sammy @ internet access. I have also enclosed an additional \$8.75 to cover the cost of a Certificate of Status.

Thank-you, in advance, for taking care of this important matter.

Sincerely yours,

M. N. Woody Ayers Jr.

Malcolm N. Ayers, Jr., President
Woodson Medical, Inc.

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