

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90042 011 \*\*\*150.00

|                                       |   |   |
|---------------------------------------|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------|---|---|

DOCUMENT # P98000002043

1. Corporation Name  
MARTHA L. WILSON, M.D., P.A.

|  |  |
|--|--|
| Principal Place of Business<br>8190 ROYAL PALM BLVD., STE. 202<br>CORAL SPRINGS FL 33065 | Mailing Address<br>8190 ROYAL PALM BLVD., STE. 202<br>CORAL SPRINGS FL 33065 |
|--|--|



DO NOT WRITE IN THIS SPACE

|                                |                     |                     |  |
|--------------------------------|---------------------|---------------------|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address | 3. Date Incorporated or Qualified<br>01/07/1998  |
| 21                             | 22                  | 26                  | 4. FEI Number<br>65-0798429  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | City & State        | Applied For<br>Not Applicable  |
| 23                             | 24                  | 27                  | 5. Certificate of Status Desired <input type="checkbox"/>  |
| Zip                            | Country             | City & State        | \$8.75 Additional Fee Required   |
| 25                             | 29                  | 28                  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   |
| Country                        | Country             | City & State        | \$5.00 May Be Added to Fees  |
| 25                             | 30                  | 29                  | 8. This corporation owes the current year Intangible<br>Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 25                             | 30                  | 29                  |  |

|  |  |  |  |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br>WILSON, MARTHA L<br>8190 ROYAL PALM BLVD., STE. 202<br>CORAL SPRINGS FL 33065 |  | 10. Name and Address of New Registered Agent |  |
|  |  | 81   | Name   |
|  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |
|  |  | 83   |  |
|  |  | 84   | City   |
|  |  | FL   | 85 Zip Code  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

|                            |                                      |   |   |
|----------------------------|--------------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS |                                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
| TITLE                      | DPST <input type="checkbox"/> DELETE | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WILSON, MARTHA L                     | 12 NAME   |   |
| STREET ADDRESS             | 8190 ROYAL PALM BLVD., STE. 202      | 13 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                | CORAL SPRINGS FL 33065               | 14 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 22 NAME   |   |
| STREET ADDRESS             |                                      | 23 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                      | 24 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 32 NAME   |   |
| STREET ADDRESS             |                                      | 33 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                      | 34 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 42 NAME   |   |
| STREET ADDRESS             |                                      | 43 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                      | 44 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 52 NAME   |   |
| STREET ADDRESS             |                                      | 53 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                      | 54 CITY-ST-ZIP  |   |
| TITLE                      | <input type="checkbox"/> DELETE      | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                      | 62 NAME   |   |
| STREET ADDRESS             |                                      | 63 STREET ADDRESS                                     |   |
| CITY-ST-ZIP                |                                      | 64 CITY-ST-ZIP  |   |

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, with all other like empowered.

SIGNATURE: Martha L. Wilson, MD Date: 3/12/99 Daytime Phone #: 954-755-1612

CR2E034 (1/98)