

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000002043

FILED  
Feb 10, 2011  
Secretary of State

**Entity Name:** MARTHA L. WILSON, M.D., P.A.

**Current Principal Place of Business:**

104 EAST STUART DRIVE  
GALAX, VA 24333

**New Principal Place of Business:**

**Current Mailing Address:**

104 EAST STUART DRIVE  
GALAX, VA 24333

**New Mailing Address:**

FEI Number: 65-0798429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DOLAN, JAMES M  
6260 W. ATLANTIC BLVD.  
MARGATE, FL 33063 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: WILSON, MARTHA L MD  
Address: 104 EAST STUART DRIVE  
City-St-Zip: GALAX, VA 24333

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARTHA L. WILSON, M.D.

DPST

02/10/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date