

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000 100 6 83

1. Entity Name

WILSON MEDICAL MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

1103 LUCERNE TERRACE
ORLANDO FL 32806

1103 LUCERNE TERRACE
ORLANDO FL 32806-1016

2. Principal Place of Business

3. Mailing Address

609 VIRGINIA DRIVE

609 VIRGINIA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

4. FEI Number

59-3543469

Applied For

Not Applicable

Zip

32803

Country

ORANGE

Zip

32803

Country

ORANGE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEATHERFORD, WILLIAM P JR.
1031 WEST MORSE BLVD., STE. 105
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 11, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PENDERGRAFT, IV, MD, JAMES S
STREET ADDRESS 1103 LUCERNE TERRACE
CITY-ST-ZIP ORLANDO FL 32806 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME ANDREW R. INEBNIT
STREET ADDRESS 1665 S. KIRKMAN ROAD
CITY-ST-ZIP ORLANDO FL 32811 ☐ Change ☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES S. PENDERGRAFT IV 4/21/00

(407) 228-2808

Date

Daytime Phone #

CR2E034 (9/99)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90140 027 ***150.00

DO NOT WRITE IN THIS SPACE