

2001 UNIFORM BUSINESS REPORT (UBR)

0063304

DOCUMENT # P98000100683

1. Entity Name

WILSON MEDICAL MANAGEMENT CORPORATION

FILED

01 MAY 29 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

ac 5/29

Principal Place of Business

609 VIRGINIA DR
ORLANDO FL 32803

Mailing Address

609 VIRGINIA DR
ORLANDO FL 32803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3541469

Applied For

Not Applicable

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 W. 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)

(NOT)

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!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
If Fee will be \$550.00

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 ☐ Delete

NAME PENDERGRAFT, JAMES S IV,MD
STREET ADDRESS 1103 LUCERNE TERR
CITY-ST-ZIP ORLANDO FL 32806

TITLE T ☐ Delete

NAME INEBART, ANDREW
STREET ADDRESS 1665 S. KIRKMAN RD
CITY-ST-ZIP ORLANDO FL 32811

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Change ☐ Addition

NAME INEBNIT, ANDREW
STREET ADDRESS 1665 S. KIRKMAN ROAD
CITY-ST-ZIP ORLANDO FL 32811

TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

James S. Pendergraft IV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

JAMES S. PENDERGRAFT IV 5/23/01 5/23/01

Date

Daytime Phone #

CR2E034 (10/00)