

**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 / Suite, Apt. #, etc. / City & State / Zip  
 3. Mailing Address / Suite, Apt. #, etc. / City & State / Zip

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

7. Name and Address of New Registered Agent  
 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 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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>PENDERGRAFT, JAMES S IV, MD</b>	
STREET ADDRESS	<b>1103 LUCERNE TERR</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>INEBART, ANDREW</b>	
STREET ADDRESS	<b>1665 S. KIRKMAN RD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>INEBNIT, ANDREW</b>	
STREET ADDRESS	<b>1665 S. KIRKMAN ROAD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>500004326495--6</b>	
CITY-ST-ZIP	<b>-05/29/01--01142--018</b>	
	<b>****158.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>****150.00</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

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

**JAMES S. PENDERGRAFT IV** 5/23/01 5/23/01  
 Date Daytime Phone #

CR2E034 (10/00)