2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P99000052675

Entity Name: WILLIAM E JONES, MD, PA

Current Principal Place of Business:

5745 CANTON COVE
121
WINTER SPRINGS, FL 32765

New Principal Place of Business:

5745 CANTON COVE
SUITE 121
WINTER SPRINGS, FL 32708

Current Mailing Address:

5745 CANTON COVE
121
WINTER SPRINGS, FL 32765

New Mailing Address:

5745 CANTON COVE
SUITE 121
WINTER SPRINGS, FL 32708

FEI Number: 59-3582600 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES, WILLIAM E
2807 BEAR ISLAND POINTE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

JONES, WILLIAM E MD
2807 BEAR ISLAND POINTE
WINTER PARK, FL 32792 US

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: WILLIAM E JONES MD 05/01/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DOP ( ) Delete
Name: JONES, WILLIAM E
Address: 2807 BEAR ISLAN POINTE
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DOP (X) Change ( ) Addition
Name: JONES, WILLIAM E MD
Address: 2807 BEAR ISLAN POINTE
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM E JONES MD DOP 05/01/2006
Electronic Signature of Signing Officer or Director Date