

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

08 APR 28 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000091077

1. Entity Name  
ROBERT W. WILSON, D.O., P.A.



Principal Place of Business  
2940 IMMOKALEE ROAD  
SUITE 2  
NAPLES, FL 34110

Mailing Address  
2940 IMMOKALEE ROAD  
SUITE 2  
NAPLES, FL 34110



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07252008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0955495

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WILSON, ROBERT W  
2940 IMMOKALEE ROAD  
#2  
NAPLES, FL 34110

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. I am familiar with, and accept the obligation of, registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

7/25/08  
DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
DR  
WILSON, ROBERT W  
9125 THE LANE  
NAPLES, FL 34109 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
Linda Wilson  
2940 Immokalee Rd #2  
Naples FL 34110 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Change ☐ Addition  
300133812123  
07/31/08--01016--006 \*\*\$61.25

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

SIGNATURE:

Signature and typed or printed name of signing officer or director

7/25/08  
Date

239  
598-5750  
Daytime Phone #