

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # V07883**

Entity Name

**WILLIAM B. THOMPSON, JR., M.D., P.A.****FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90025 042 \*\*\*150.00

0594307 AV

Principal Place of Business

**WALLIS MEDICAL CENTER**  
**40 SW 12TH ST., SUITE A-102**  
**OCALA FL 34474**

Mailing Address

**WALLIS MEDICAL CENTER**  
**40 SW 12TH ST., SUITE A-102**  
**OCALA FL 34474**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-3169327**

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****THOMPSON, WILLIAM B. JR.**  
**40 SW 12TH STREET**  
**SUITE A102**  
**OCALA FL 34474****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.

(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 1, 2002 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>D</b>	<input type="checkbox"/> Delete
NAME	<b>THOMPSON, WILLIAM B., JR</b>	
STREET ADDRESS	<b>40 SW 12TH ST., #A-102</b>	
CITY-ST-ZIP	<b>OCALA FL</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)