


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90095 034 ***150.00

ÜÑÝËÓÙÒÌ ý V07883 1. Entity Name WILLIAM B. THOMPSON, JR., M.D., P.A.	
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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
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2. Principal Place of Business WILLIAM B. THOMPSON M.D. Suite, Apt. 2120 S.W. 22ND PLACE OCALA, FL 34474	3. Mailing Address WILLIAM B. THOMPSON M.D. Suite, Apt. 2120 S.W. 22ND PLACE OCALA, FL 34474
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City & State	Country	Zip	Country
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4. FEI Number 59-3169327	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 ð ÌÙòì ð ðñì ÷
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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) WILLIAM B. THOMPSON M.D. 2120 S.W. 22ND PLACE City OCALA, FL 34474 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 obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 ð ÌÙòì ð ðñì ÷
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, WILLIAM B., JR 40 SW 12TH ST., #A-102 OCALA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM B. THOMPSON M.D. 2120 S.W. 22ND PLACE OCALA, FL 34474 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William B. Thompson mo Date: 3/2/5 Daytime Phone # _____

William B. Thompson mo