

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90140 027 ***150.00

DOCUMENT # **P98000 100 683**

1. Entity Name

WILSON MEDICAL MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

1103 LUCERNE TERRACE
 ORLANDO FL 32806

1103 LUCERNE TERRACE
 ORLANDO FL 32806-1016

2. Principal Place of Business

3. Mailing Address

609 VIRGINIA DRIVE

609 VIRGINIA DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO FLORIDA

4. FEI Number

59-3543469

Applied For

Not Applicable

Zip

32803

Country

ORANGE

Zip

32803

Country

ORANGE

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

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

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!!! FEES \$150.00
After MAY 11, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **P**
PENDERGRAFT, IV, MD, JAMES S
 STREET ADDRESS **1103 LUCERNE TERRACE**
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **T**
ANDREW R. INEBNIT
 STREET ADDRESS **1665 S. KIRKMAN ROAD**
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
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 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES S. PENDERGRAFT IV 4/21/00

Date

(407) 228-2808

Daytime Phone #

CR2E034 (9/99)