

# 2001 UNIFORM BUSINESS REPORT (UBR)

0063304

**DOCUMENT # P98000100683**  
 1. Entity Name  
**WILSON MEDICAL MANAGEMENT CORPORATION**

**FILED**

01 MAY 29 PM 4:46

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

*ac 5/29*

Principal Place of Business: 609 VIRGINIA DR, ORLANDO FL 32803  
 Mailing Address: 609 VIRGINIA DR, ORLANDO FL 32803

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State: City & State  
 Zip: Zip Country: Country

4. FEI Number: **59-3541469**  
 Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**WEATHERFORD, WILLIAM P JR.**  
**1031 W. MORSE BLVD., STE.105**  
**WINTER PARK FL 32789**

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) (NOT) 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!**  
**After MAY 1, 2001 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>P</b> NAME: <b>PENDERGRAFT, JAMES S IV, MD</b> STREET ADDRESS: <b>1103 LUCERNE TERR</b> CITY-ST-ZIP: <b>ORLANDO FL 32806</b>	<input type="checkbox"/> Delete
TITLE: <b>T</b> NAME: <b>INEBART, ANDREW</b> STREET ADDRESS: <b>1665 S. KIRKMAN RD</b> CITY-ST-ZIP: <b>ORLANDO FL 32811</b>	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>T</b> NAME: <b>INEBNIT, ANDREW</b> STREET ADDRESS: <b>1665 S. KIRKMAN ROAD</b> CITY-ST-ZIP: <b>ORLANDO FL 32811</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: <b>500004326495--6</b> CITY-ST-ZIP: <b>-05/29/01--01142--018</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report 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: *James S. Pendergraft IV*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES S. PENDERGRAFT IV** 5/23/01 5/23/01  
 Date Daytime Phone #

CR2E034 (10/00)