

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90057 020 ***150.00

DOCUMENT # P98000100683
1. Entity Name
 Wilson Medical Management Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 609 Virginia Drive
 Suite, Apt. #, etc.

3. Mailing Address
 609 Virginia Drive
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 Orlando, FL

City & State
 Orlando, FL

Zip 32803 **Country**

Zip 32803 **Country**

4. FEI Number
 59-3543469

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE


7. Name and Address of Current Registered Agent

Name
 James S. Pendergraft IV, MD

Street Address (P.O. Box Number is Not Acceptable)
 609 Virginia Drive

City Orlando **FL** **Zip Code** 32803

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.

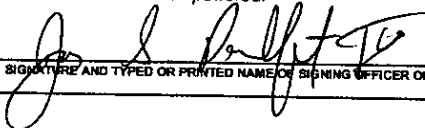
SIGNATURE  **12 Apr 02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. **January 1 - May 1 Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	P James S. Pendergraft IV, MD 609 Virginia Drive Orlando, FL 32803	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **12 Apr 02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034B (12/01)