

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100683

FILED  
Mar 17, 2004  
Secretary of State

**Entity Name:** WILSON MEDICAL MANAGEMENT CORPORATION

**Current Principal Place of Business:**

609 VIRGINIA DR  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

609 VIRGINIA DR  
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number:** 59-3543469      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEATHERFORD, WILLIAM P JR.  
1150 LOUISIANA AVENUE  
SUITE 4  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PENDERGRAFT, JAMES S IV,MD  
Address: 1103 LUCERNE TERR  
City-St-Zip: ORLANDO, FL 32806

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PENDERGRAFT, JAMES S IV,MD  
Address: 609 VIRGINIA DRIVE  
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES S PENDERGRAFT IV

PRES

03/17/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date