

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000002043

**Entity Name:** MARTHA L. WILSON, M.D., P.A.

**Current Principal Place of Business:**

104 EAST STUART DRIVE  
GALAX, VA 24333

**Current Mailing Address:**

104 EAST STUART DRIVE  
GALAX, VA 24333 US

**FEI Number:** 65-0798429

**Certificate of Status Desired:** No

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

DOLAN, JAMES M  
6260 W. ATLANTIC BLVD.  
MARGATE, FL 33063 US

*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

**Officer/Director Detail :**

Title DPST  
Name WILSON, MARTHA LMD  
Address 104 EAST STUART DRIVE  
City-State-Zip: GALAX VA 24333

*I hereby 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 all other like empowered.*

**SIGNATURE:** MARTHA L WILSON MD

**PRESIDENT**

**03/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date