

2019 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:

115 WILD FLOWER LANE
GALAX, VA 24333 US

FEI Number: 65-0798429

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC.
7901 4TH STREET N,
SUITE 300
ST.PETERSBURG, FL 33702 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

DSPT

04/03/2019

Electronic Signature of Signing Officer/Director Detail

Date