

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000042851

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Entity Name:** DANIEL L. WOHL, M.D., P.A.

**Current Principal Place of Business:**

4114 SUNBEAM RD STE 403  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 56705  
JACKSONVILLE, FL 32241

**New Mailing Address:**

FEI Number: 91-2192102

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAFER, ELIOT J  
10110 SAN JOSE BLVD  
JACKSONVILLE, FL 32257 US

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

SAFER, ELIOT J  
4348 SOUTHPOINT BLVD  
SUITE 101  
JACKSONVILLE, FL 32216 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

02/02/2010

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: WOHL, DANIEL L M.D.  
Address: PO BOX 56075  
City-St-Zip: JACKSONVILLE, FL 32241

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: DANIEL L WOHL, MD

Electronic Signature of Signing Officer or Director

CEO

02/02/2010

Date