

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000157176

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: ABRAHAM WAGNER, DPM, P.A.

## Current Principal Place of Business:

3330 N.E. 190TH STREET, #2515  
AVENTURA, FL 33180

## New Principal Place of Business:

20201 NE 21ST AVE  
MIAMI, FL 33179

## Current Mailing Address:

3330 N.E. 190TH STREET, #2515  
AVENTURA, FL 33180

## New Mailing Address:

20201 NE 21ST AVE  
MIAMI, FL 33179

FEI Number: 26-0277191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WAGNER, ABRAHAM  
3330 N.E. 190TH STREET, #2515  
AVENTURA, FL 33180 US

## Name and Address of New Registered Agent:

WAGNER, ABRAHAM  
20201 NE 21ST AVE  
MIAMI, FL 33179 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: ABRAHAM WAGNER

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete  
Name: WAGNER, ABRAHAM DPM  
Address: 3330 N.E. 190TH STREET, #2515  
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete  
Name: WAGNER, ABRAHAM DPM  
Address: 3330 N.E. 190TH STREET, #2515  
City-St-Zip: AVENTURA, FL 33180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition  
Name: WAGNER, ABRAHAM DPM  
Address: 20201 NE 21ST AVE  
City-St-Zip: MIAMI, FL 33179

Title: DR (X) Change ( ) Addition  
Name: WAGNER, ABRAHAM DPM  
Address: 20201 NE 21ST AVE  
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ABRAHAM WAGNER

DR.

04/22/2009

Electronic Signature of Signing Officer or Director

Date