2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006
Secretary of State

DOCUMENT# 485481

Entity Name: WAYNE H. CASE, M.D., P.A.

Current Principal Place of Business:

7000 W. 12 AVENUE, SUITE 4
HIALEAH, FL 33014

New Principal Place of Business:

3410 WEST 84TH STREET, SUITE F110
HIALEAH, FL 33018

Current Mailing Address:

7000 W. 12 AVENUE, SUITE 4
HIALEAH, FL 33014

New Mailing Address:

3410 WEST 84TH STREET
HIALEAH, FL 33018

FEI Number: 59-1618910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASE, WAYNE H., M.D.
SUITE 4 , 7000 WEST 12TH AVENUE
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

CASE, WAYNE H M.D.
3410 WEST 84TH STREET, SUITE F110
HIALEAH, FL 33018 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: WAYNE H. CASE 02/06/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: CASE, WAYNE H., M.D.,
Address: 7000 W. 12TH AVENUE
City-St-Zip: HIALEAH, FL

Title: SD (X) Delete
Name: CASE, WAYNE, M.D.,
Address: 7000 W. 12TH AVENUE
City-St-Zip: HIALEAH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: CASE, WAYNE H., M.D.,
Address: 3410 WEST 84TH STREET, SUITE F110
City-St-Zip: HIALEAH, FL 33018

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WAYNE H. CASE PTSD 02/06/2006
Electronic Signature of Signing Officer or Director Date