2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2010
Secretary of State

DOCUMENT# 485481

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

Current Principal Place of Business:

3410 WEST 84TH STREET
#110
HIALEAH, FL 33018

New Principal Place of Business:

Current Mailing Address:

3410 WEST 84TH STREET
#110
HIALEAH, FL 33018

New Mailing Address:

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

Name and Address of New Registered Agent:

CASE, WAYNE H
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 02/16/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: V
Name: CASE-DIAZ, CHERYL
Address: 3410 WEST 84TH STREET, SUITE F110
City-St-Zip: HIALEAH, FL 33018

Title: S
Name: CASE, PATRICIA
Address: 3410 WEST 84TH STREET, SUITE F110
City-St-Zip: HIALEAH, FL 33018

Title: T
Name: CASE, PATRICIA
Address: 3410 WEST 84TH STREET, SUITE F110
City-St-Zip: HIALEAH, FL 33018

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: WAYNE H. CASE, PTSD 02/16/2010
Electronic Signature of Signing Officer or Director Date