



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90002 021 ***158.75

DOCUMENT # 601240 1. Entity Name DAVID WELLS M.D., P.A.					
Principal Place of Business 8780 S.W. 92 ST ST 102 MIAMI, FL 33176 <i>9075 S.W. 87AVE. #4134</i>		Mailing Address 8780 S.W. 92 ST ST 102 MIAMI, FL 33176 <i>9075 S.W. 87AVE. #4134</i>			
2. Principal Place of Business <i>9075 S.W. 87AVE. #4134</i>		3. Mailing Address <i>9075 S.W. 87AVE. #4134</i>			
Suite, Apt. #, etc. <i>H02</i>		Suite, Apt. #, etc. <i>H02</i>		08012005 Chg-P CR2E034 (10/03)	
City & State <i>M.I.FL</i>		City & State <i>MIAMI, FL</i>		4. FEI Number 59-1266815	
Zip <i>33176</i> Country <i>DADE</i>		Zip <i>33176</i> Country <i>DADE</i>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WELLS DAVID E 8780 S.W. 92ND ST. #102 MIAMI, FL 33176 <i>DAVID E. WELLS</i> <i>9075 S.W. 87AVE. #4134</i> <i>MIAMI, FL 33176</i>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Paul E. Wells MD</i> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELLS DAVID E 8780 S.W. 92 ST S 102 MIAMI, FL 33176	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERMAN, ROGER 803 EAST DIXIE AVE LEESBURG, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, BRUCE 6280 SUNSET DR. #610 MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			SIGNATURE: <i>Paul E. Wells MD</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
Date <i>8/10/05</i> Daytime Phone # <i>305-596-3400</i>			_____		

ATTACHMENT

DAVID E. WELLS, MD

GALLOWAY PLAZA
9075 SW 87 AVENUE
SUITE 402
MIAMI, FLORIDA 33176

DIPLOMATE OF THE AMERICAN BOARD
OF INTERNAL MEDICINE AND CARDIOLOGY

(305) 596-3400
FAX: (305) 271-1706
FAA EXAMINER

2/1/05

DIVISION OF CORPORATIONS:
P.O. Box 1500
TALLAHASSEE, FL 32302-1500

THE ABOVE APPLICATION WAS NEVER RECEIVED
BEFORE.

SINCERELY,



ANGELA RODRIGUEZ

In Will. after Vanden