2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006
Secretary of State

DOCUMENT# 601240

Entity Name: DAVID WELLS M.D., P.A.

Current Principal Place of Business:

9078 SW 87 AVE
402
MIAMI, FL 33176

New Principal Place of Business:

9075 S.W. 87 AVE
402
MIAMI, FL 33176

Current Mailing Address:

9078 SW 87 AVE
402
MIAMI, FL 33176

New Mailing Address:

9075 S.W.87 AVE
402
MIAMI, FL 33176

FEI Number: 59-1266815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WELLS DAVID E
9078 SW 87 AVE AVE
402
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

WELLS, DAVID E M.D.
9075 S.W. 87 AVE DAVID E. WELLS, M.D.
402
MIAMI, FL 33176 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: DAVID E.WELLS, M.D. 04/19/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WELLS DAVID E,
Address: 8780 S.W. 92 ST S 102
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: SHERMAN, ROGER,
Address: 803 EAST DIXIE AVE
City-St-Zip: LEESBURG, FL

Title: D ( ) Delete
Name: MILLER,BRUCE,
Address: 6280 SUNSET DR. #610
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: M.D. (X) Change ( ) Addition
Name: WELLS DAVID E,
Address: 9075 S.W.87 AVE
City-St-Zip: MIAMI, FL 33176

Title: M.D. (X) Change ( ) Addition
Name: SHERMAN, ROGER,
Address: 803 EAST DIXIE AVE
City-St-Zip: LEESBURG, FL

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: DAVID E, WELLS,M.D. MD 04/19/2006
Electronic Signature of Signing Officer or Director Date