


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90007 022 \*\*\*158.75

<b>DOCUMENT # 601240</b> 1. Entity Name DAVID WELLS M.D., P.A.	
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Principal Place of Business 9075 S.W. 87 AVE 402 MIAMI, FL 33176	Mailing Address 9075 S.W. 87 AVE 402 MIAMI, FL 33176
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**DO NOT WRITE IN THIS SPACE**

01282007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1266815	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
  
WELLS, DAVID E M.D.  
9075 S.W. 87 AVE DAVID E. WELLS, M.D.  
402  
MIAMI, FL 33176

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M.D. WELLS DAVID E 9075 S.W. 87 AVE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M.D. SHERMAN, ROGER 803 EAST DIXIE AVE LEESBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, BRUCE 6280 SUNSET DR. #610 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/29/07 Daytime Phone #