

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601240

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

FILED
Jan 07, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

9075 S.W. 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 M.D.
9075 S.W. 87 AVE DAVID E. WELLS, M.D.
402
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

Title: MD (X) Change () Addition
Name: MILLER, BRUCE,
Address: 6280 SUNSET DR. #610
City-St-Zip: MIAMI, FL

I hereby certify that the information supplied with this filing does not qualify 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 MD

MD

01/07/2009

Electronic Signature of Signing Officer or Director

_____ Date