

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601801

FILED  
Feb 16, 2011  
Secretary of State

Entity Name: WAYNE R. PORTER, M.D., P.A.

## Current Principal Place of Business:

909 NORTH MIAMI BEACH BLVD.  
STE 403  
N MIAMI BEACH, FL 33162 US

## Current Mailing Address:

909 NORTH MIAMI BEACH BLVD.  
STE 403  
N MIAMI BEACH, FL 33162 US

## New Principal Place of Business:

909 NORTH MIAMI BEACH BLVD.  
STE 203  
N MIAMI BEACH, FL 33162 US

## New Mailing Address:

909 NORTH MIAMI BEACH BLVD.  
STE 203  
N MIAMI BEACH, FL 33162 US

FEI Number: 59-1289058

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PORTER, WAYNE R  
909 NORTH MIAMI BEACH BLVD  
SSUITE 403  
N MIAMI BEACH, FL 33162 US

## Name and Address of New Registered Agent:

PORTER, WAYNE R  
909 NORTH MIAMI BEACH BLVD  
SUITE 203  
N MIAMI BEACH, FL 33162 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:

Electronic Signature of Registered Agent

02/16/2011

Date

## OFFICERS AND DIRECTORS:

Title: MD  
Name: PORTER, WAYNE R  
Address: 909 N MIAMI BEACH BLVD  
City-St-Zip: N MIAMI BEACH, FL 33162

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 R. PORTER

MD

02/16/2011

Electronic Signature of Signing Officer or Director

Date