2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Aug 29, 2007 08:00 AM Secretary of State **DOCUMENT #604870** 1. Entity Name BENHAM ROBERT WRIGLEY M.D., P.A. Principal Place of Business Mailing Address 3604 E. FULTON ST. APT. GAE 320 GRAND RAPIDS MI 49546-1396 3604 E. FULTON ST. APT. GAE 320 **GRAND RAPIDS MI 49546-1396** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/07) 4. FEI Number Applied For City & State City & State 59-1500051 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WRIGLEY, BENHAM M.D. 1454 INDEPENDENCE AVE Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32940 City 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 wills, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 5, 2007 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150 00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. DILE Delete Change Addition WRIGLEY, BENHAM M.D. NAME STREET ADDRESS 1454 INDEPENDENCE AVE U00000773005 STREET ADDRESS 08/29/07-80003-019 550.00 MELBOURNE FL CITY-ST-ZIP CITY-ST-ZIP Change Addition THILE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY - ST - ZIP ■ Ado:lion BILE Delete TITLE Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 wi

SIGNATURE: