

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03323

FILED
Feb 16, 2011
Secretary of State

Entity Name: LAURENCE TOWNE WYLIE, M.D. AND CHONA DE GRACIA WYLIE, M.D., P.A.

Current Principal Place of Business:

150 S. BEACH STREET
SUITE A
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

150 S. BEACH STREET
SUITE A
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 59-2042349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WYLIE, LAURENCE TOWNE M.D.
150 S. BEACH STREET
SUITE A
ORMOND BEACH, FL 32174 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

OFFICERS AND DIRECTORS:

Title: VS
Name: WYLIE, LAURENCE TOWNE
Address: 150 S. BEACH STREET
City-St-Zip: ORMOND BEACH, FL 32174

Title: PT
Name: WYLIE, CHONA DE GRACIA
Address: 150 S. BEACH STREET
City-St-Zip: ORMOND BEACH, FL 32174

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: CHONA DEGRACIA WYLIE

PT

02/16/2011

Electronic Signature of Signing Officer or Director

Date