2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # H06715

1. Entity Name
DONALD C. WAGNER, M.D., P.A.

Principal Place of Business	Mailing Address
5324 16TH ST VERO BEACH, FL 32966 US	5324 16TH ST VERO BEACH, FL 32966 US

DO NOT WRITE IN THIS SPACE

04022008   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-2416186	Applied For
	Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REINMAN, JAMES L
1325 S RIVERSIDE DRIVE
MELBOURNE, FL 32901

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

U000000994232
04/17/08-80055-020 150.00

10.	OFFICERS AND DIRECTORS	
TITLE	PD	
NAME	WAGNER, DONALD C., M.D.	
STREET ADDRESS	5324 16TH ST	
CITY-ST-ZIP	VERO BEACH, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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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: _____ MD   4-2-08   772-778-2187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #