


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90235 027 \*\*\*150.00

**DOCUMENT # J14273**

1. Entity Name  
**JEFFREY L. WISNICKI, M.D., P.A.**



Principal Place of Business      Mailing Address

**616 CLEARWATER PARK DR  
 THE MONTECITO SUITE 801  
 WEST PALM BEACH, FL 33401    US**

**616 CLEARWATER PARK DR  
 THE MONTECITO SUITE 801  
 WEST PALM BEACH, FL 33401    US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**The Montecito - Suite 801  
 616 Clearwater Park Road  
 West Palm Beach, FL 33401**

**The Montecito - Suite 801  
 616 Clearwater Park Road  
 West Palm Beach, FL 33401**



03192007    Chg-P    CR2E034 (12/06)

4. FEI Number      Applied For

**59-2693915**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHNEIDER, JOHN C  
 616 CLEARWATER PARK DR  
 THE MONTECITO SUITE 801  
 WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

**The Montecito - Suite 801  
 616 Clearwater Park Road  
 West Palm Beach, FL 33401**

**L**      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 with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	WISNICKI, JEFFREY L	
STREET ADDRESS	8741 WENDY LANE SO.	
CITY-ST-ZIP	WEST PALM BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jeffrey Wisnicki, Pres      Date: 4/1/07      Daytime Phone #: 561-798-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR