

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K62021

Entity Name: WAYNE S. MAXSON, M.D., P.A.

FILED  
Jan 07, 2005  
Secretary of State

**Current Principal Place of Business:**

2825 NORTH STATE ROAD 7  
#302  
MARGATE, FL 33063 US

**Current Mailing Address:**

2825 NORTH STATE ROAD 7  
#302  
MARGATE, FL 33063 US

FEI Number: 62-1392757

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

2960 NORTH STATE ROAD 7  
#300  
MARGATE, FL 33063 US

**New Mailing Address:**

2960 NORTH STATE ROAD 7  
#300  
MARGATE, FL 33063 US

**Name and Address of Current Registered Agent:**

KRAMER, ROBERT ESQ.  
4000 HOLLYWOOD BLVD.  
SUITE 485 SOUTH  
HOLLYWOOD, FL 33021 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MAXSON, WAYNE S.,  
Address: 2825 NORTH STATE ROAD 7 #302  
City-St-Zip: MARGATE, FL 33063

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MAXSON, WAYNE S.,  
Address: 2960 NORTH STATE ROAD 7 #300  
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WAYNE S. MAXSON

PD

01/07/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date