

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K62021

FILED  
Mar 20, 2012  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 62-1392757      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BREIT, RICHARD  
150 N UNIVERSITY DR, SUITE 200  
PLANTATION, FL 33324 US

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

BREIT, RICHARD  
8551 W SUNRISE BLVD  
STE 300  
PLANTATION, FL 33322 US

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: RICHARD H. BREIT

03/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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: WAYNE S MAXSON

P

03/20/2012

Electronic Signature of Signing Officer or Director

Date