

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L50061

FILED
Apr 20, 2011
Secretary of State

Entity Name: WAKULLA PROFESSIONAL CENTER, INC.

Current Principal Place of Business:

3004 CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1022
CRAWFORDVILLE, FL 32326 US

New Mailing Address:

FEI Number: 59-3021133 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GAUPIN, THELMA
3004 CRAWFORDVILLE HWYV
CRAWFORDVILLE, FL 32327 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: DP
Name: GAUPIN, THELMA
Address: RT. 2, BOX 4391
City-St-Zip: CRAWFORDVILLE, FL

Title: V
Name: PLANT, BRIAN J
Address: P.O. BOX 1022/HGY 319 N/A
City-St-Zip: CRAWFORDVILLE, FL

Title: ST
Name: BUCHANAN, NANCY C
Address: PO BOX 1022
City-St-Zip: CRAWFORDVILLE, FL 32326

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: BRIAN J. PLANT

VP

04/20/2011

Electronic Signature of Signing Officer or Director

Date