

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000083623

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Entity Name:** AREF WAPPI, M.D., P.A.

**Current Principal Place of Business:**

8800 TERRENE COURT  
SUITE 103  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

8800 TERRENE COURT  
SUITE 103  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

**FEI Number:** 65-1131845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

WAPPI, AREF M.D.  
8800 TERRENE COURT  
SUITE 103  
BONITA SPRINGS, FL 34135 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** WAPPI, AREF MD  
**Address:** 8800 TERRENE COURT, SUITE 103  
**City-St-Zip:** BONITA SPRINGS, FL 34135 US

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:** AREF WAPPI

PRES

03/15/2010

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

\_\_\_\_\_  
Date