

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101415

FILED
Apr 29, 2009
Secretary of State

Entity Name: WING DIAGNOSTIC & CONSULTING, INC.

Current Principal Place of Business:

5164 SOUNDSIDE DR
GULF BREEZE, FL 32563

New Principal Place of Business:

5164 SOUNDSIDE DR
GULF BREEZE, FL 32563 US

Current Mailing Address:

5164 SOUNDSIDE DR
GULF BREEZE, FL 32563

New Mailing Address:

5164 SOUNDSIDE DR
GULF BREEZE, FL 32563 US

FEI Number: 51-0480310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WING, ROBBY D
5164 SOUNDSIDE DR.
GULF BREEZE, FL 32563 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: D () Delete
Name: WING, ROBBY
Address: 5164 SOUNDSIDE DR
City-St-Zip: GULF BREEZE, FL 32563

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WING, ROBBY D P
Address: 5164 SOUNDSIDE DR
City-St-Zip: GULF BREEZE, FL 32563 US

Title: VP () Change (X) Addition
Name: WING, SABRA R VP
Address: 5164 SOUNDSIDE DR
City-St-Zip: GULF BREEZE, FL 32563 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBBY D. WING

P

04/29/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date