

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000050424

**FILED**  
**Jan 24, 2007**  
**Secretary of State**

**Entity Name:** WESLEY CHAPEL INTERNAL MEDICINE AND PEDIATRICS, P.A.

**Current Principal Place of Business:**

2038 ASHLEY OAKS CIRCLE  
SUITE# 102  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

27127 FIREBUSH DRIVE  
WESLEY CHAPEL, FL 33543

**New Mailing Address:**

**FEI Number:** 20-0897697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH AEBEL, ERIN  
101 E KENNEDY BLVD STE 3800  
TAMPA, FL 33602 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:** PRES ( ) Delete  
**Name:** SHAH, MANISH M.D.  
**Address:** 27127 FIREBUSH DRIVE  
**City-St-Zip:** WESLEY CHAPEL, FL 33543

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

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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:** MANISH SHAH, MD

PRES

01/24/2007

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

\_\_\_\_\_  
Date