

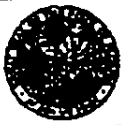
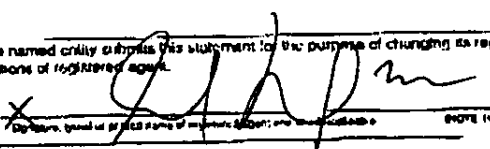
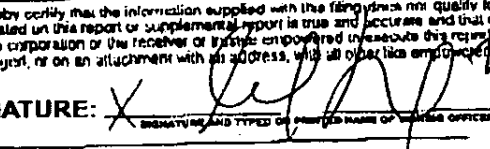
By: ACCOUNTING OFFICES;

Fe

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90008 012 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000155229			
1. Entity Name PAUL H. WAND M.D. P.A.			
Principal Place of Business 4488 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351		Mailing Address 4488 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351	
2. Principal Place of Business - No P.O. Box # 2855 N. UNIVERSITY DR		3. Mailing Address 2855 N. UNIVERSITY DR	
Suite, Apt. #, etc. 210		Suite, Apt. #, etc. 210	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL	
Zip 33065	Country USA	Zip 33065	Country USA
4. HSI Number 20-4408266		Applied for ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required ☐	
6. Name and Address of Current Registered Agent WAND, PAUL M.D. 3911 ST. RD. 84, #104 DAVIE, FL 33312		7. Name and Address of New Registered Agent PAUL H. WAND, M.D. 2855 N. UNIVERSITY DR # 210 CORAL SPRINGS, FL 33065	
8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE 		2/27/08	
FILE NOW! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete WAND, PAUL M.D. 3911 ST. RD. 84, #104 DAVIE, FL 33312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition PD WAND, PAUL H. 2855 N. UNIVERSITY DR. # 210 CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.			
SIGNATURE: 		PAUL H. WAND, PRES. 2/27/08	