By: ACCOUNTING OFFICES; Fe

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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.

40056289

Principal Place of Business	Mailing Address
4488 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351	4488 N. UNIVERSITY DRIVE LAUDERHILL, FL 33351

02272008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2855 N. UNIVERSITY DR.	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. FEI 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
Name PAUL H. WAND, M.D.
Street Address (P.O. Box Number is Not Acceptable) 2855 N. UNIVERSITY DR.
210
City CORAL SPRINGS FL Zip Code 33065

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X [signature] 2/27/08
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

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 Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☐ Delete	TITLE	PD ☒ Change ☐ Addition
NAME	WAND, PAUL M.D.	NAME	WAND, PAUL H.
STREET ADDRESS	3911 ST. RD. 84, #104	STREET ADDRESS	2855 N. UNIVERSITY DR. # 210
CITY-ST-ZIP	DAVIE, FL 33312	CITY-ST-ZIP	CORAL SPRINGS, FL 33065
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 empowered.

SIGNATURE: X [signature] PAUL H. WAND, PRES. 2/27/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #