2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P06000157176

Entity Name: ABRAHAM WAGNER, DPM, P.A.

Current Principal Place of Business:

3330 N.E. 190TH STREET, #2515
AVENTURA, FL 33180

New Principal Place of Business:

20201 NE 21ST AVE
MIAMI, FL 33179

Current Mailing Address:

3330 N.E. 190TH STREET, #2515
AVENTURA, FL 33180

New Mailing Address:

20201 NE 21ST AVE
MIAMI, FL 33179

FEI Number: 26-0277191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAGNER, ABRAHAM
3330 N.E. 190TH STREET, #2515
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

WAGNER, ABRAHAM
20201 NE 21ST AVE
MIAMI, FL 33179 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: ABRAHAM WAGNER 04/22/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: WAGNER, ABRAHAM DPM
Address: 3330 N.E. 190TH STREET, #2515
City-St-Zip: AVENTURA, FL 33180

Title: D ( ) Delete
Name: WAGNER, ABRAHAM DPM
Address: 3330 N.E. 190TH STREET, #2515
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: WAGNER, ABRAHAM DPM
Address: 20201 NE 21ST AVE
City-St-Zip: MIAMI, FL 33179

Title: DR (X) Change ( ) Addition
Name: WAGNER, ABRAHAM DPM
Address: 20201 NE 21ST AVE
City-St-Zip: MIAMI, FL 33179

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: ABRAHAM WAGNER DR. 04/22/2009
Electronic Signature of Signing Officer or Director Date