

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000029282

Entity Name: WILSON DUMORNAY, MD, PA

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4101 NW 4TH STREET  
SUITE 100  
PLANTATION, FL 33317 US

**New Principal Place of Business:**

**Current Mailing Address:**

4101 NW 4TH STREET  
SUITE 100  
PLANTATION, FL 33317 US

**New Mailing Address:**

FEI Number: 26-1556250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

DUMORNAY, WILSON MD  
5525 NW 77TH TERRACE  
CORAL SPRINGS, FL 33067 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: DUMORNAY, WILSON MD  
Address: 5525 NW 77TH TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby 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 all other like empowered.

SIGNATURE: WILSON DUMORNAY, MD

CEO

03/03/2011

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

\_\_\_\_\_  
Date