2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# P08000095936

Entity Name: NU WAVE MEDICAL CENTER P.A.

Current Principal Place of Business:

12007 PANAMA CITY BEACH PAKKWAY
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

Current Mailing Address:

3209 PLEASANT HILL ROAD
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 26-3603604 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIEHN, ROLAND W ESQ
220 MCKENZIE AVE
PANAMA CITY, FL 32401 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: SEKHON, GULPRIT
Address: 3209 PLEASANT HILL ROAD
City-St-Zip: LYNN HAVEN, FL 32444

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: MA PRES 02/18/2011

Electronic Signature of Signing Officer or Director Date