

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000095936

FILED
Apr 24, 2012
Secretary of State

Entity Name: NU WAVE MEDICAL CENTER P.A.

Current Principal Place of Business:

12007 PANAMA CITY BEACH PARKWAY
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

10800 PANAMA CITY BEACH PARKWAY
SUITE 200
PANAMA CITY BEACH, FL 32407

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: GURPRIT SEKHON

PRES

04/24/2012

Electronic Signature of Signing Officer or Director

Date