2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000104944

Entity Name: K. WADE FOSTER, M.D., P.A.

FILED Apr 09, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
			New Principal Place C		
	LS RUN PASS HAVEN, FL 33				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	LS RUN PASS HAVEN, FL 33				
FEI Number:	: 26-3849987	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	K. WADE LS RUN PASS HAVEN, FL 33				
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	I office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (FOSTER, K. W 308 QUAILS R WINTER HAVE	UN PASS	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: K. WADE FOSTER D 04/09/2009