

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000104944

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

FILED  
Jan 05, 2012  
Secretary of State

**Current Principal Place of Business:**

308 QUAILS RUN PASS  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

**Current Mailing Address:**

308 QUAILS RUN PASS  
WINTER HAVEN, FL 33884

**New Mailing Address:**

FEI Number: 26-3849987

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FOSTER, K. WADE  
308 QUAILS RUN PASS  
WINTER HAVEN, FL 33884 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: D  
Name: FOSTER, K. WADE  
Address: 308 QUAILS RUN PASS  
City-St-Zip: WINTER HAVEN, FL 33884

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: KENT WADE FOSTER

DIR

01/05/2012

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

\_\_\_\_\_ Date