

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000014987

Entity Name: DR. LEE A WELKY, P.A.

FILED  
Jan 18, 2007  
Secretary of State

**Current Principal Place of Business:**

8800 SIGNAL RD., STE 4  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

25000 BERNWOOD DR.  
BONITA SPRINGS, FL 34135 US

**Current Mailing Address:**

8800 SIGNAL RD., STE 4  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

25000 BERNWOOD DR.  
BONITA SPRINGS, FL 34135 US

FEI Number: 65-0405144      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: WELKY, LEE A  
Address: 23448 RED ROOT COURT  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: LEE A. WELKY

MR.

01/18/2007

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

\_\_\_\_\_ Date