

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000024261

FILED
Apr 28, 2009
Secretary of State

Entity Name: JON D. WIESE, M.D., FACS, P.A.

Current Principal Place of Business:

521 W. STATE RD 434
STE 305
LONGWOOD, FL 32750 US

New Principal Place of Business:

521 W. STATE RD 434
STE 308
LONGWOOD, FL 32750 US

Current Mailing Address:

521 W. STATE RD 434
STE 305
LONGWOOD, FL 32750 US

New Mailing Address:

521 W. STATE RD 434
STE 308
LONGWOOD, FL 32750 US

FEI Number: 59-3234391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIESE, JON D
521 W STATE RD 434
STE 305
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

WIESE, JON D
521 W STATE RD 434
STE 308
LONGWOOD, FL 32750 US

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: JON D WIESE

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WIESE, JON D
Address: 521 W STATE RD 434, STE 305
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WIESE, JON D
Address: 521 W STATE RD 434, STE 308
City-St-Zip: LONGWOOD, FL 32750

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: JON D WIESE

DP

04/28/2009

Electronic Signature of Signing Officer or Director

Date