


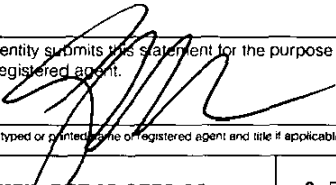

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2007 8:00 am
Secretary of State

04-11-2007 90035 017 ***150.00

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DOCUMENT # P94000074713			
1. Entity Name MICHAEL WAHL, M.D., P.A.			
Principal Place of Business 14100 FIVAY ROAD, #300 HUDSON, FL 34667		Mailing Address PETER A. ALTMAN, CPA 5620 MISSOURI AVENUE NEW PORT RICHEY, FL 34652 US	
2. Principal Place of Business - No P.O. Box # 13910 Lakeshore Blvd. Suite, Apt. #, etc. Suites 140 & 150 City & State Hudson, FL Zip 34667		3. Mailing Address George N. Klimis, PA 27 East Orange St. Suite, Apt. #, etc. City & State Tarpon Springs, FL Zip 34689	
Country US		Country US	
4. FEI Number 59-3278818		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALTMAN, PETER A CPA 5620 MISSOURI AVENUE NEW PORT RICHEY, FL 34662		7. Name and Address of New Registered Agent Name George N. Klimis, Esquire Street Address (P.O. Box Number is Not Acceptable) 27 East Orange Street City Tarpon Springs FL Zip Code 34689	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 8/16/2007	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAHL, MICHAEL 14100 FIVAY ROAD, #300 HUDSON, FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		811-927-943-9551	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



ATTACHMENT

George N. Klimis, P.A.

George N. Klimis, Esquire

27 E. Orange Street

Tarpon Springs, Florida 34689

Phone: 727.943.9551 * Fax: 727.943.9081

e-mail: gpa8@tampabay.rr.com

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#PPA000074713

August 14, 2007

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: 2007 Annual Report for Michael Wahl, M.D., P.A.

Dear Sir or Madam:

I recently have taken over representation for Michael Wahl, M.D., P.A.

Enclosed for filing is the corporate's 2007 Annual Report. It is my understanding that this report was returned to Peter Altman's office at 5620 Missouri Avenue, New Port Richey, Florida 34652 for signature. Mr. Altman's office is no longer in service and the returned report is unknown.

Also, pursuant to a telephone conference to the annual report filing section, this will confirm that the \$150.00 was previously paid and cashed by this division.

Should you have any questions or concerns, please do not hesitate to give me a call directly.

Thank you for your attention to this matter.

Sincerely,

GEORGE N. KLIMIS, P.A.

By: _____

George N. Klimis, Esquire

GNK:bac
Enclosure