

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000080763

FILED  
Aug 22, 2007  
Secretary of State

**Entity Name:** WELLMED MEDICAL MANAGEMENT OF FLORIDA, INC.

**Current Principal Place of Business:**

8637 FREDERICKSBURG ROAD  
SUITE 360  
SAN ANTONIO, TX 78240 US

**New Principal Place of Business:**

**Current Mailing Address:**

8637 FREDERICKSBURG ROAD  
SUITE 360  
SAN ANTONIO, TX 78240 US

**New Mailing Address:**

**FEI Number:** 74-2797745

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RAPIER, GEORGE M III  
Address: 8637 FREDERICKSBURG RD, SUITE 360  
City-St-Zip: SAN ANTONIO, TX 78240 US

Title: V ( ) Delete  
Name: NUGENT, P TERRENCE  
Address: 8637 FREDERICKSBURG RD, SUITE 360  
City-St-Zip: SAN ANTONIO, TX 78240 US

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

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

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

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: DEBORAH ESSICK

DIR

08/22/2007

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

\_\_\_\_\_  
Date