# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 04, 2008**
**Secretary of State**

DOCUMENT# P96000080763

**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

**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: GEORGE M. RAPIER MD P 01/04/2008

Electronic Signature of Signing Officer or Director Date