

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000080763

FILED
Apr 02, 2012
Secretary of State

Entity Name: WELLMED MEDICAL MANAGEMENT OF FLORIDA, INC.

Current Principal Place of Business:

1555 HOWELL BRANCH ROAD
SUITE C-212
WINTER PARK, FL 32789 US

New Principal Place of Business:

Current Mailing Address:

8637 FREDERICKSBURG ROAD
SUITE 360
SAN ANTONIO, TX 78240 US

New Mailing Address:

1555 HOWELL BRANCH ROAD
SUITE C-212
WINTER PARK, FL 32789 US

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

OFFICERS AND DIRECTORS:

Title: PRES
Name: RAPIER III, MD, GEORGE M. PRES
Address: 8637 FREDERICKSBURG ROAD SUITE 360
City-St-Zip: SAN ANTONIO, TX 78240 US

Title: SEC
Name: NUGENT, MD, PAUL TERRENCE SEC
Address: 5420 BAY CENTER DRIVE SUITE 250
City-St-Zip: TAMPA, FL 33609 US

Title: TREA
Name: OBERRENDER, ROBERT WORTH TREA
Address: 9900 BREN ROAD EAST
City-St-Zip: MINNETONKA, MN 55343 US

Title: DIR
Name: SAVITT, DANIEL M DIR
Address: P.O. BOX 9472
City-St-Zip: MINNEAPOLIS, MN 55440 US

I hereby 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 all other like empowered.

SIGNATURE: MANDELINE HENDRICKS

POA

04/02/2012

Electronic Signature of Signing Officer or Director

Date