

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000080763

**FILED**  
**Aug 06, 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:**

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

**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: DIOGUARDI, MICHAEL SEC  
Address: 6300 GOLDEN VALLEY ROAD  
City-St-Zip: GOLDEN VALLEY, MN 55427 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: MANDY HENDRICKS

POA

08/06/2012

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

\_\_\_\_\_  
Date