

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000059788

FILED
Feb 09, 2012
Secretary of State

Entity Name: WILKER-POWERS CENTER FOR CLINICAL STUDIES, INC.

Current Principal Place of Business:

3104 17TH ST.
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

3100 17TH ST.
ST. CLOUD, FL 34769

New Mailing Address:

FEI Number: 59-3583863 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILKER, JOHN F
2616 FLORENCE DR.
KISSIMMEE, FL 34744 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: D
Name: WILKER, JOHN F
Address: 2616 FLORENCE DR.
City-St-Zip: KISSIMMEE, FL 34744

Title: D
Name: THORNE, DAVID P
Address: 1561 GRANDVIEW BLVD
City-St-Zip: KISSIMMEE, FL 34744

Title: D
Name: POWERS, CHARLES K JR.
Address: 2335 NEPTUNE RD.
City-St-Zip: KISSIMMEE, FL 34744

Title: D
Name: BAUR, CHRISTOPHER
Address: 6755 OLD MELBOURNE HWY
City-St-Zip: SAINT CLOUD, FL

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: CHARLES K. POWERS, JR., M.D.

VP

02/09/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date