


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90023 050 ***150.00

DOCUMENT # P99000085635			
1. Entity Name WILES MEDICAL ASSOCIATES, INC.			
Principal Place of Business 4687 NORTH UNIVERSITY DR. CORAL SPRINGS, FL 33067		Mailing Address 4687 NORTH UNIVERSITY DR. CORAL SPRINGS, FL 33067	
2. Principal Place of Business - No P.O. Box # 7301 WILES RD		3. Mailing Address 7301 WILES ROAD	
Suite, Apt. #, etc. STE 101		Suite, Apt. #, etc. STE 101	
City & State CORAL SPRINGS		City & State CORAL SPRINGS	
Zip FL 33067	Country USA	Zip FL 33067	Country USA
4. FEI Number 65-0951665		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAEB, MORTEZA 2875 NW 114TH AVE. CORAL SPRINGS, FL 33085		7. Name and Address of New Registered Agent Name TAEB MORTEZA Street Address (P.O. Box Number is Not Acceptable) 10777 W. SANDPIPER RD #1214 City CORAL SPRINGS FL Zip Code 33065	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>TAEB MORTEZA</i></u> DATE 4/1/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAEB, MORTEZA 2875 NW 114TH AVE. CORAL SPRINGS, FL 33085 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAEB MORTEZA 10777 SANDPIPER RD #1214 CORAL SPRINGS FL 33065 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>TAEB MORTEZA</i></u>		Date 4/1/08 (USA) 796-4677 Daytime Phone #	