

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V06394

FILED  
Sep 06, 2010  
Secretary of State

**Entity Name:** WILHELM C.J. LARSEN, M.D., P.A.

**Current Principal Place of Business:**

87 B CONASKONK CIRCLE  
ROYAL PALM BEACH, FL 33411 US

**New Principal Place of Business:**

**Current Mailing Address:**

87 B CONASKONK CIRCLE  
ROYAL PALM BEACH, FL 33411 US

**New Mailing Address:**

**FEI Number:** 65-0301509

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LARSEN, WILHELM C.J.  
9922 SHEPARD PL  
WELLINGTON, FL 33414 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: DR  
Name: LARSEN, WILHELM C.J.  
Address: 9922 SHEPARD PLACE  
City-St-Zip: WELLINGTON, FL 33414

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: WILHELM C-J LARSEN

DR

09/06/2010

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

\_\_\_\_\_  
Date