

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K62021

Entity Name: WAYNE S. MAXSON, M.D., P.A.

Current Principal Place of Business:

2960 NORTH STATE ROAD 7
#300
MARGATE, FL 33063

Current Mailing Address:

2960 NORTH STATE ROAD 7
#300
MARGATE, FL 33063 US

FEI Number: 62-1392757

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BREIT, RICHARD
8551 W SUNRISE BLVD
STE 300
PLANTATION, FL 33322 US

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

Officer/Director Detail :

Title PD
Name MAXSON, WAYNE S.
Address 2960 NORTH STATE ROAD 7 #300
City-State-Zip: MARGATE FL 33063

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: WAYNE S. MAXSON, M.D.

PRESIDENT

04/02/2013

Electronic Signature of Signing Officer/Director Detail

Date