

**2017 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:**

FISCHLER, MICHAEL A. ESQ.  
1000 SOUTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 33316 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:** MICHAEL A. FISCHLER, ESQ.

01/20/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR, PRESIDENT,  
                  SECRETARY, TREASURER  
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

PRESIDENT

01/20/2017

Electronic Signature of Signing Officer/Director Detail

Date