

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000101415

**Entity Name:** WING DIAGNOSTIC & CONSULTING, INC.

**Current Principal Place of Business:**

370 W. BURGESS RD  
PENSACOLA, FL 32503

**Current Mailing Address:**

370 W. BURGESS RD  
PENSACOLA, FL 32503 US

**FEI Number: 51-0480310**

**Certificate of Status Desired: No**

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

WING, ROBBY D  
5164 SOUNDSIDE DR.  
GULF BREEZE, FL 32563 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	P	Title	VP
Name	WING, ROBBY DP	Name	WING, SABRA RVP
Address	5164 SOUNDSIDE DR	Address	5164 SOUNDSIDE DR
City-State-Zip:	GULF BREEZE FL 32563	City-State-Zip:	GULF BREEZE FL 32563

*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: ROBBY D WING**

**PRESIDENT**

**04/06/2014**

Electronic Signature of Signing Officer/Director Detail

Date