

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000155229

**Entity Name:** PAUL H. WAND M.D. P.A.

**Current Principal Place of Business:**

2232 N. UNIVERSITY DR.  
A  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

2232 N. UNIVERSITY DR.  
A  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 20-4408866

**Certificate of Status Desired:** No

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

WAND, PAUL HMD  
2232 N. UNIVERSITY DR.  
A  
CORAL SPRINGS, FL 33071 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 DR  
Name WAND, PAUL H  
Address 2232 N. UNIVERSITY  
A  
City-State-Zip: CORAL SPRINGS FL 33071

*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:** PAUL WAND MD

**PRESIDENT/OWNER**

**01/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date