2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2016
Secretary of State
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Entity Name: NU WAVE MEDICAL CENTER P.A.

Current Principal Place of Business:

10800 PANAMA CITY BEACH PARKWAY
SUITE 200
PANAMA CITY BEACH, FL 32407

Current Mailing Address:

3209 PLEASANT HILL ROAD
LYNN HAVEN, FL 32444

FEI Number: 26-3603604

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEKHON, GURPRIT DR.
10800 PANAMA CITY BEACH PARKWAY
SUITE 200
PANAMA CITY BEACH, FL 32407 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: GURPRIT SEKHON M. D. 03/11/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	SEKHON, GURPRIT
Address	3209 PLEASANT HILL ROAD
City-State-Zip:	LYNN HAVEN FL 32444

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: GURPRIT SEKHON PRESIDENT 03/11/2016

Electronic Signature of Signing Officer/Director Detail — Date