

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000104944

Entity Name: K. WADE FOSTER, M.D., P.A.

Current Principal Place of Business:

308 QUAILS RUN PASS
WINTER HAVEN, FL 33884

Current Mailing Address:

308 QUAILS RUN PASS
WINTER HAVEN, FL 33884

FEI Number: 26-3849987

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOSTER, K. WADE
308 QUAILS RUN PASS
WINTER HAVEN, FL 33884 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 D
Name FOSTER, K. WADE
Address 308 QUAILS RUN PASS
City-State-Zip: WINTER HAVEN FL 33884

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: K. WADE FOSTER

OWNER

01/10/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date