

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000104944

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

**Current Principal Place of Business:**

1610 HIDDEN PALMS DRIVE  
DAVENPORT, FL 33897

**Current Mailing Address:**

1610 HIDDEN PALMS DRIVE  
DAVENPORT, FL 33897 US

**FEI Number:** 26-3849987

**Certificate of Status Desired:** No

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

FOSTER, K. WADE  
1610 HIDDEN PALMS DRIVE  
DAVENPORT, FL 33897 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        1610 HIDDEN PALMS DRIVE  
City-State-Zip: DAVENPORT FL 33897

*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:** FOSTER , K. WADE

D

02/09/2024

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

\_\_\_\_\_  
Date