2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000133590

Entity Name: NATALIA KEYSER MD P.A.

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 201 8TH STREET SOUTH 130 TAMIAMI TRAIL NORTH SUITE 110 #303 NAPLES, FL 34102 NAPLES, FL 34102 **Current Mailing Address: New Mailing Address:** 10761 HALFMOON SHOAL ROAD BONITA SPRINGS, FL 34135 FEI Number: 20-3558493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KEYSER, NATALIA 10761 HALFMOON SHOAL RD #101 BONITA SPRINGS, FL 34135 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KEYSER, NATALIA Name: Name:

 Name:
 KEYSER, NATALIA
 Name:

 Address:
 10761 HALFMOON SHOAL RD #101
 Address:

 City-St-Zip:
 BONITA SPRINGS, FL 34135
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NATALIA KEYSER MD P 03/27/2009