

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # 483428**

1. Entity Name  
**MOSHE KEDAN, M.D., P.A.**



Principal Place of Business  
**611 EAST DRUID RD  
#306  
CLEARWATER, FL 33756 US**

Mailing Address  
**611 EAST DRUID RD  
#306  
CLEARWATER, FL 33756 US**



04122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1613689</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MARQUARDT, EMIL C  
400 CLEVELAND STREET  
CLEARWATER, FL**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	KEDAN, MOSHE
STREET ADDRESS	611 EAST DRUID RD #306
CITY-ST-ZIP	CLEARWATER, FL

TITLE	V
NAME	KEDAN, ELLA
STREET ADDRESS	611 EAST DRUID RD #306
CITY-ST-ZIP	CLEARWATER, FL

TITLE	ST
NAME	MARQUARDT, EMIL C
STREET ADDRESS	845 INDIAN ROCKS ROAD
CITY-ST-ZIP	BELLEAIR, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000510097  
04/28/06-80063-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Moshe Kedan MD**

**4/12/06**

**727-441-3762**

Date

Daytime Phone #