


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 483428</b> 1. Entity Name MOSHE KEDAN, M.D., P.A.	
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Principal Place of Business 611 EAST DRUID RD #306 CLEARWATER, FL 33756 US	Mailing Address 611 EAST DRUID RD #306 CLEARWATER, FL 33756 US
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02012007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1613689	Applied For 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
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**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEDAN, MOSHE 611 EAST DRUID RD #306 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KEDAN, ELLA 611 EAST DRUID RD #306 CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARQUARDT, EMIL C 845 INDIAN ROCKS ROAD BELLEAIR, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/09/07-80055-018 150.00

**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 any other like empowered.

SIGNATURE: Moshe Kedan MD 2/1/07 727-441-3761  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #