

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 483428

FILED
Mar 24, 2009
Secretary of State

Entity Name: MOSHE KEDAN, M.D., P.A.

Current Principal Place of Business:

611 EAST DRUID RD
#306
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

611 EAST DRUID RD
#306
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-1613689 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUARDT, EMIL C
400 CLEVELAND STREET
CLEARWATER, FL US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: KEDAN, MOSHE,
Address: 611 EAST DRUID RD #306
City-St-Zip: CLEARWATER, FL

Title: V () Delete
Name: KEDAN, ELLA,
Address: 611 EAST DRUID RD #306
City-St-Zip: CLEARWATER, FL

Title: ST () Delete
Name: MARQUARDT, EMIL C,
Address: 845 INDIAN ROCKS ROAD
City-St-Zip: BELLEAIR, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: MOSHE KEDAN, MD

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date