

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 524395

FILED
Feb 24, 2010
Secretary of State

Entity Name: DAVID H. NATHAN, M.D., P.A.

Current Principal Place of Business:

1016 PONCE DE LEON BLVD.
SUITE #7
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

1016 PONCE DE LEON BLVD.
SUITE #7
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-1721401 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATHAN, DAVID H.
1016 PONCE DE LEON BLVD.
SUITE #7
CLEARWATER, FL 33756 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: P
Name: NATHAN, DAVID H.
Address: 1016 PONCE DELEON BLVD.
City-St-Zip: CLEARWATER, FL 33756 US

Title: VP
Name: NATHAN, REBECA JOAN
Address: 1016 PONCE DE LEON BLVD
City-St-Zip: CLEARWATER, FL 33756 US

Title: S
Name: RAYMOND, J. PAUL (ASST)
Address: 625 COURT STREET
City-St-Zip: CLEARWATER, FL 33756 US

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: REBECCA JOAN NATHAN

VP

02/24/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date