

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H17800

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: PATRICE C. CASE, M.D., P.A.

**Current Principal Place of Business:**

700 2ND AVE NORTH  
SITE 201  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

700 2ND AVE NORTH  
SITE 201  
NAPLES, FL 34102 US

**New Mailing Address:**

FEI Number: 59-2445243      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

JOHNSON, KIMBERLY LEACH  
1395 PANTHER LANE, SUITE 300  
NAPLES, FL 34109 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: MD ( ) Delete  
Name: CASE, PATRICE  
Address: 700 2ND AVE N 201  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: PATRICE CASE

MD

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date