

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J96508

**FILED**  
**Mar 13, 2010**  
**Secretary of State**

**Entity Name:** CESAR JAMES KEATHLEY D.M.D., P.A.

**Current Principal Place of Business:**

% CESAR JAMES KEATHLEY  
27001 US HWY 19 N #8520  
CLEARWATER, FL 33761 US

**New Principal Place of Business:**

**Current Mailing Address:**

% CESAR JAMES KEATHLEY  
130 CARLYLE DR  
PALM HARBOR, FL 34683 US

**New Mailing Address:**

**FEI Number:** 59-2854087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KEATHLEY, CESAR JAMES  
27001 US HWY 19 NORTH, SUITE #8520  
CLEARWATER, FL 33761 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:** KEATHLEY, CESAR JAMES DMD  
**Address:** 130 CARLYLE DRIVE  
**City-St-Zip:** PALM HARBOR, FL 34683

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:** CESAR JAMES KEATHLEY

P

03/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date