

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K30347

FILED
Feb 27, 2008
Secretary of State

Entity Name: KEITH P. HUSSEY, M.D., P.A.

Current Principal Place of Business:

681 GOODLETTE RD
#130
NAPLES, FL 34102 US

Current Mailing Address:

% KIMBERLY LEACH JOHNSON
1395 PANTHER LN STE 300
NAPLES, FL 341097875 US

New Principal Place of Business:

681 GOODLETTE RD NORTH
SUITE 130
NAPLES, FL 34102 US

New Mailing Address:

681 GOODLETTE RD NORTH
SUITE 130
NAPLES, FL 34102 US

FEI Number: 65-0063278

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LN STE 300
SUITE 300
NAPLES, FL 341097875 US

Name and Address of New Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LN
SUITE 300
NAPLES, FL 341097875 US

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: KIMBERLY LEACH JOHNSON, AS SECRETARY

02/27/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HUSSEY, KEITH P M.D.
Address: 681 GOODLETTE ROAD NORTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HUSSEY, KEITH P MD
Address: 681 GOODLETTE ROAD NORTH #130
City-St-Zip: NAPLES, FL 34102

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: KEITH P. HUSSEY, M.D.

D

02/27/2008

Electronic Signature of Signing Officer or Director

Date