

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K30347

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

FILED  
Apr 22, 2009  
Secretary of State

**Current Principal Place of Business:**

681 GOODLETTE RD NORTH  
SUITE 130  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**  
681 GOODLETTE RD NORTH  
SUITE 130  
NAPLES, FL 34102 US

**New Mailing Address:**

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  
SUITE 300  
NAPLES, FL 341097875 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: D ( ) Delete  
Name: HUSSEY, KEITH P MD  
Address: 681 GOODLETTE ROAD NORTH #130  
City-St-Zip: NAPLES, FL 34102

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

Title: P (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 MD

P

04/22/2009

Electronic Signature of Signing Officer or Director

Date