

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08356

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** DOCTORS PROFESSIONAL BUILDING CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

150 9TH ST N  
NAPLES, FL 34102 US

**New Principal Place of Business:**

150 TAMIAMI TRAIL NORTH  
NAPLES, FL 34102 US

**Current Mailing Address:**

681 GOODLETTE ROAD N  
#130  
NAPLES, FL 34102 US

**New Mailing Address:**

681 GOODLETTE ROAD NORTH  
SUITE 130  
NAPLES, FL 34102

FEI Number: 59-2533386

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUSSEY, ORVILLE H  
150 TAMIAMI TR N  
NAPLES, FL 33940 US

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

HUSSEY, KEITH P  
681 GOODLETTE ROAD NORTH  
SUITE 130  
NAPLES, FL 34102 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: KEITH P. HUSSEY MD

04/22/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HUSSEY, KEITH P.  
Address: 150 9TH STREET N  
City-St-Zip: NAPLES, FL

Title: D ( ) Delete  
Name: WIESEN, SCOTT L.  
Address: 150 9TH ST. N.  
City-St-Zip: NAPLES, FL

Title: D ( ) Delete  
Name: MECKSTROTH, STEVEN  
Address: 150 9TH ST. N.  
City-St-Zip: NAPLES, FL

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

Title: P (X) Change ( ) Addition  
Name: HUSSEY, KEITH P.  
Address: 681 GOODLETTE RD NORTH SUITE 130  
City-St-Zip: NAPLES, FL 34102

Title: D (X) Change ( ) Addition  
Name: WIESEN, SCOTT L.  
Address: 150 9TH ST. N.  
City-St-Zip: NAPLES, FL 34102

Title: D (X) Change ( ) Addition  
Name: MECKSTROTH, STEVEN  
Address: 1656 MEDICAL BLVD # 301  
City-St-Zip: NAPLES, FL 34110

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 617, 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