

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000043995

**FILED**  
**Mar 15, 2006**  
**Secretary of State**

**Entity Name:** H. MORTON BERTRAM III, M.D., P.A.

**Current Principal Place of Business:**

101 8TH ST. SOUTH  
NAPLES, FL 34102

**New Principal Place of Business:**

1009 CROSSPOINTE DRIVE  
2  
NAPLES, FL 34110

**Current Mailing Address:**

1009 CROSSPOINTE DRIVE  
SUITE 2  
NAPLES, FL 34110

**New Mailing Address:**

PO BOX 112649  
NAPLES, FL 34108

**FEI Number:** 59-3643300

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERTRAM, H. MORTON III  
101 8TH ST. SOUTH  
NAPLES, FL 34102 US

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

BERTRAM, H. MORTON III  
1009 CROSSPOINTE DRIVE  
2  
NAPLES, FL 34110 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:

03/15/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BERTRAM, H. MORTON III  
Address: 101 8TH ST. SOUTH  
City-St-Zip: NAPLES, FL 34102

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

Title: D (X) Change ( ) Addition  
Name: BERTRAM, H. MORTON III  
Address: 1009 CROSSPOINTE DRIVE, STE 2  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the 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: H.M. BERTRAM III MD

D

03/15/2006

Electronic Signature of Signing Officer or Director

Date