

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000043995

FILED
Mar 01, 2009
Secretary of State

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

Current Principal Place of Business:

1009 CROSSPOINTE DRIVE
2
NAPLES, FL 34110

New Principal Place of Business:

New Mailing Address:

1009 CROSSPOINTE DRIVE
2
NAPLES, FL 34110

Current 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
1009 CROSSPOINTE DRIVE
2
NAPLES, FL 34110 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: DR () Delete
Name: BERTRAM, H. MORTON III
Address: 1009 CROSSPOINTE DRIVE, STE 2
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: H MORTON BERTRAM

DR

03/01/2009

Electronic Signature of Signing Officer or Director

Date