2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000062134

Entity Name: A. SINAN GURSOY, M.D., P.A.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

311 9TH ST N STE 201 405 SEAGROVE LANE NAPLES, FL 34102

ÜNIT 202

NAPLES, FL 34110

Current Mailing Address: New Mailing Address:

311 9TH ST N STE 201 405 SEAGROVE LANE **UNIT 202** NAPLES, FL 34102 NAPLES, FL 34110

FEI Number: 59-3654153 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GURSOY, ASMD GURSOY, A S MD 311 9TH STREET NORTH 405 SEAGROVE LANE 201 **UNIT 202** NAPLES, FL 341029 US 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: A. SINAN GURSOY 04/14/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition PSTD () Delete Title:

A. SINAN GURSOY A. SINAN GURSOY Name: Name:

311 9TH STREET NORTH SUITE 201 Address: 405 SEAGROVE LANE, UNIT 202 Address:

City-St-Zip: NAPLES, FL 34102 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: A. SINAN GURSOY **PSDT** 04/14/2009