

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000099140

FILED
Apr 01, 2009
Secretary of State

Entity Name: DIANE BRZEZINSKI, D.O., P.A.

Current Principal Place of Business:

311 9TH STREET NORTH, STE 310
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

311 9TH ST N
310
NAPLES, FL 34102

New Mailing Address:

311 9TH STREET NORTH, STE 310
NAPLES, FL 34102

FEI Number: 59-3686839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTH, CATHERINE M CPA
501 GOODLETTE RD
SUITE D-304
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

MACLEAN, DENISE M
1465 29TH ST
NAPLES, FL 34117 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: DENISE M. MACLEAN

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BRZEZINSKI, DIANE
Address: 848 FIRST AVE N #340
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: BRZEZINSKI, DIANE J
Address: 311 9TH ST N, SUITE 310
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: DIANE J. BRZEZINSKI

DR.

04/01/2009

Electronic Signature of Signing Officer or Director

Date