

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058355

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** DR. KEITH T. FOSTER, PHD, P.A.

**Current Principal Place of Business:**

2180 IMMOKALEE RD  
STE 216  
NAPLES, FL 34110

**New Principal Place of Business:**

2180 IMMOKALEE RD  
STE 216  
NAPLES, FL 34110 US

**Current Mailing Address:**

2180 IMMOKALEE RD  
STE 216  
NAPLES, FL 34110

**New Mailing Address:**

49 OLD SOLOMANS ISLAND ROAD  
STE 200  
ANNAPOLIS, FL 21401 US

**FEI Number:** 59-3728153

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FOSTER, KEITH T PH.D.  
2180 IMMOKALEE RD  
STE 216  
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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FOSTER, KEITH T PHD  
Address: 49 OLD SOLOMANS ISLAND ROAD - SUITE 200  
City-St-Zip: ANNAPOLIS, MD 21401 US

I hereby 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 all other like empowered.

SIGNATURE: KEITH T FOSTER PHD

P

04/25/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date