2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000094493

City-St-Zip:

Entity Name: DROR M. PELED, M.D., P.A.

CLEARWATER, FL 33761

FILED Jan 17, 2009 Secretary of State

Current Principal	Place of Business:	New Principal Place	New Principal Place of Business:	
4929 MILE STRETD DR HOLIDAY, FL 34690		5035 MILE STRETD D HOLIDAY, FL 34690	DR .	
Current Mailing Address:		New Mailing Addres	s:	
2706 LANDMARK CLEARWATER, FI				
FEI Number: 51-04239	905 FEI Number Applied For ()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and Addres	s of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
PELED, DROR M I 2706 LANDMARK CLEARWATER, FI	DR			
The above named in the State of Flori		e purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE:				
E	ectronic Signature of Registered A	Agent	Date	
Election Campaign Fi	nancing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
	()Delete DROR M MD NDMARK DR	Title: Name: Address:	() Change () Addition	

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: DROR M PELED MD D 01/17/2009