

# **2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000076091

**Entity Name:** VAN DYKE, M.D., OB/GYN, P.A.

**FILED**  
**Jan 05, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1511-B SLIGH BLVD  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

1511-B SLIGH BLVD  
ORLANDO, FL 32806

**New Mailing Address:**

FEI Number: 20-0084262      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NISI LAW FIRM, P.A.  
2003 LAKE HOWELL LANE  
MAITLAND, FL 32751 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: VAN DYKE, KEITH C M.D.  
Address: 1924 HOFFNER AVENUE  
City-St-Zip: ORLANDO, FL 32809

Title: DR ( ) Delete  
Name: BUJNOVSKY, MARCELLA  
Address: 1924 HOFFNER AVENUE  
City-St-Zip: ORLANDO, FL 32809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: MARCELLA M. BUJNOVSKY

DR.

01/05/2009

Electronic Signature of Signing Officer or Director

Date