

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000075458

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** TRUDY MOON EISEL, D.C., P.A.

**Current Principal Place of Business:**

1190 PINE RIDGE ROAD  
SUITE1  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

1190 PINE RIDGE ROAD  
SUITE1  
NAPLES, FL 34108

**New Mailing Address:**

**FEI Number:** 20-1104757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EISEL, TRUDY M  
1190 PINE RIDGE ROAD  
SUITE 1  
NAPLES, FL 34108 US

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

MOON EISEL, TRUDY DR.  
1190 PINE RIDGE ROAD  
SUITE 1  
NAPLES, FL 34108 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: DR. TRUDY MOON EISEL

02/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MOON EISEL, TRUDY DR.  
Address: 1190 PINE RIDGE ROAD SUITE 1  
City-St-Zip: NAPLES, FL 34108 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: DR. TRUDY MOON EISEL

PRES

02/07/2011

Electronic Signature of Signing Officer or Director

Date