2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

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Entity Name: KEVIN J. COLLINS, M.D., P.A.

Current Principal Place of Business:

11181 HEALTH PARK BLVD., STE. 1165
NAPLES, FL 34110

New Principal Place of Business:

11181 HEALTH PARK BLVD., STE. 1000
NAPLES, FL 34110

Current Mailing Address:

11181 HEALTH PARK BLVD., STE. 1165
NAPLES, FL 34110

New Mailing Address:

6642 NATURE PRESERVE COURT
NAPLES, FL 34109

FEI Number: 20-1154669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS, KEVIN J M.D.
11181 HEALTH PARK BLVD., STE. 1165
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

COLLINS, KEVIN J M.D.
6642 NATURE PRESERVE COURT
NAPLES, FL 34109 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: KEVIN J COLLINS, MD 04/19/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: COLLINS, KEVIN J M.D.
Address: 11181 HEALTH PARK BLVD., STE. 1165
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: COLLINS, KEVIN J M.D.
Address: 11181 HEALTH PARK BLVD., STE. 1000
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the 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: KEVIN J COLLINS, MD D 04/19/2007
Electronic Signature of Signing Officer or Director Date