

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000081693

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

FILED
Apr 15, 2008
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

6642 NATURE PRESERVE COURT
NAPLES, FL 34109

Current Mailing Address:

6642 NATURE PRESERVE COURT
NAPLES, FL 34109

New Mailing Address:

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.
6642 NATURE PRESERVE COURT
NAPLES, FL 34109 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: D () Delete
Name: COLLINS, KEVIN J M.D.
Address: 11181 HEALTH PARK BLVD., STE. 1000
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COLLINS, KEVIN J M.D.
Address: 6642 NATURE PRESERVE COURT
City-St-Zip: NAPLES, FL 34109

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: KEVIN J COLLINS, MD

D

04/15/2008

Electronic Signature of Signing Officer or Director

Date