

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000091109

Entity Name: NAILI DUAN, MD, PHD, PA

FILED
Apr 24, 2005
Secretary of State

Current Principal Place of Business:

1708 CAPE CORAL PARKWAY W
CAPE CORAL, FL 33914

New Principal Place of Business:

9400 GLADIOLUS DRIVE
SUITE 30
FORT MYERS, FL 33908

Current Mailing Address:

1708 CAPE CORAL PARKWAY W
CAPE CORAL, FL 33914

New Mailing Address:

PO BOX 101414
CAPE CORAL, FL 33910

FEI Number: 20-1237231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUAN, NAILI
1708 CAPE CORAL PARKWAY W
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

DUAN, NAILI MD, PHD
9400 GLADIOLUS DRIVE
SUITE 30
FORT MYERS, FL 33908 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: NAILI DUAN

04/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUAN, NAILI
Address: 1708 CAPE CORAL PARKWAY W
City-St-Zip: CAPE CORAL, FL 33914 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DUAN, NAILI
Address: 9400 GLADIOLUS DRIVE, SUITE 30
City-St-Zip: FORT MYERS, FL 33908 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NAILI DUAN

P

04/24/2005

Electronic Signature of Signing Officer or Director

Date