

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000038963

FILED  
Sep 11, 2008  
Secretary of State

Entity Name: KWABENA AYESU, M.D., P.A.

**Current Principal Place of Business:**

86 SPRING VISTA DR STE 100  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

1061 MEDICAL CTR DR #310  
ORANGE CITY, FL 32746

**New Mailing Address:**

86 SPRING VISTA DR STE 100  
DEBARY, FL 32713

FEI Number: 56-2500290

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AYESU, KWABENA MD  
86 SPRING VISTA DR STE 100  
DEBARY, FL 32713 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: AYESU, KWABENA MD  
Address: 332 N SPAULDING COVE  
City-St-Zip: LAKE MARY, FL 32746 US

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

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: K. AYESU

MGR

09/11/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date