## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000038963

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

FILED Jun 20, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

86 SPRING VISTA DR STE 100 70 SPRING VISTA DR STE 1 DEBARY, FL 32713 DEBARY, FL 32713

Current Mailing Address: New Mailing Address:

86 SPRING VISTA DR STE 100 70 SPRING VISTA DR STE 1 DEBARY, FL 32713 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: Name and Address of New Registered Agent:

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

AYESU, KWABENA MD
70 SPRING VISTA DR STE 100
DEBARY, FL 32713 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: 06/20/2009

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: ( ) Change ( ) Addition Name: AYESU, KWABENA MD Name:

 Name:
 AYESU, KWABENA MD
 Name:

 Address:
 332 N SPAULDING COVE
 Address:

 City-St-Zip:
 LAKE MARY, FL 32746 US
 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: KWABENA AYESU MD 06/20/2009