

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000038963

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

FILED  
Apr 29, 2011  
Secretary of State

**Current Principal Place of Business:**

70 SPRING VISTA DR STE 1  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

70 SPRING VISTA DR STE 1  
DEBARY, FL 32713

**New Mailing Address:**

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  
70 SPRING VISTA DR STE 100  
DEBARY, FL 32713 US

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

AYESU, KWABENA MD  
70 SPRING VISTA DR STE 1  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/29/2011

Date

**OFFICERS AND DIRECTORS:**

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

I hereby 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 all other like empowered.

SIGNATURE: KWABENA AYESU

P

04/29/2011

Electronic Signature of Signing Officer or Director

Date