

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076431

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

**Entity Name:** LOUIS F. FOLEY, M.D., P.A.

**Current Principal Place of Business:**

2338 IMMOKALEE ROAD  
STE. 152  
NAPLES, FL 341101445

**New Principal Place of Business:**

**Current Mailing Address:**

2338 IMMOKALEE ROAD  
STE. 152  
NAPLES, FL 341101445

**New Mailing Address:**

**FEI Number:** 20-2910542      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MOREY, JAMES F ESQ.  
2210 VANDERBILT BEACH ROAD  
SUITE 1201  
NAPLES, FL 34109 US

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

MOREY, JAMES F ESQ.  
2375 TAMiami TRAIL N  
SUITE 210  
NAPLES, FL 34103 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: JAMES F. MOREY

04/29/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: FOLEY, LOUIS F  
Address: 2338 IMMOKALEE ROAD, STE. 152  
City-St-Zip: NAPLES, FL 341101445

**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: LOUIS F. FOLEY

DPST

04/29/2008

Electronic Signature of Signing Officer or Director

Date