## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000133590

Entity Name: NATALIA KEYSER MD P.A.

FILED Jan 15, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
201 8TH STREET SOL #303 NAPLES, FL 34102	JTH			
Current Mailing Address:		New Mailing Address:		
10761 HALFMOON SH #101 BONITA SPRINGS, FL				
FEI Number: 20-3558493	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
KEYSER, NATALIA 10761 HALFMOON SH #101 BONITA SPRINGS, FL				
The above named entiting the State of Florida.	y submits this statement for the	purpose of changing its registered	I office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financ	ing Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P Name: KEYSER, NA	( ) Delete XTALIA	Title: Name:	( ) Change ( ) Addition	

 Name:
 KEYSER, NATÁLIA
 Name:

 Address:
 10761 HALFMOON SHOAL RD #101
 Address:

 City-St-Zip:
 BONITA SPRINGS, FL 34135
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NATALIA KEYSER P 01/15/2007