2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# P05000133590

Entity Name: NATALIA KEYSER MD P.A.

Current Principal Place of Business:

201 8TH STREET SOUTH
#303
NAPLES, FL 34102

New Principal Place of Business:

130 TAMIAMI TRAIL NORTH
SUITE 110
NAPLES, FL 34102

Current Mailing Address:

10761 HALFMOON SHOAL ROAD
#101
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 20-3558493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEYSER, NATALIA
10761 HALFMOON SHOAL RD
#101
BONITA SPRINGS, FL 34135 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KEYSER, NATALIA
Address: 10761 HALFMOON SHOAL RD #101
City-St-Zip: BONITA SPRINGS, FL 34135

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: NATALIA KEYSER MD P 03/27/2009

Electronic Signature of Signing Officer or Director — Date