

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000058488

FILED
Apr 13, 2009
Secretary of State

Entity Name: DREW MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

8195 LOWBANK DRIVE
NAPLES, FL 34109

New Principal Place of Business:

11181 HEALTH PARK BLVD.
2265
NAPLES, FL 34110

Current Mailing Address:

8195 LOWBANK DRIVE
NAPLES, FL 34109

New Mailing Address:

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

Name and Address of Current Registered Agent:

DREW, DANIEL
8195 LOWBANK DRIVE
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

DREW, DANIEL J DR.
8195 LOWBANK DRIVE
NAPLES, FL 34109 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: DANIEL J. DREW

04/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P Delete
Name: DREW, DANIEL
Address: 8195 LOWBANK DRIVE
City-St-Zip: NAPLES, FL 34109

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: DANIEL J. DREW

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date