2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000022949

Entity Name: PETRA TRAVNICEK, M.D., P.A.

1250 TAMIAMI TRAIL, SUITE 301

SARASOTA, FL 34242

Address: City-St-Zip: FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
1250 SOUTH TAMIAMI T SUITE 301 SARASOTA, FL 34239	ΓRAIL			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
1250 SOUTH TAMIAMI T SUITE 301 SARASOTA, FL 34239	FRAIL			
FEI Number: 30-0488979	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of 0	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
LINDEN CAPITAL, LC 5053 OCEAN BLVRD SARASOTA, FL 34242	US			
The above named entity in the State of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		nt	Date	
Election Campaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: P,D (Name: TRAVNICEK. F) Delete PETRA	Title: Name:	() Change () Addition	

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: PETRA TRAVNICEK PD 04/29/2009