

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000071086

**Entity Name:** KATHRYN FEIG, CRNA, P.A.

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2654 NINE MILE ROAD  
LABELLE, FL 33935

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2862  
LABELLE, FL 33975

**New Mailing Address:**

**FEI Number:** 27-0830139

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HERITAGE TAX & CONSULTING SERVICES, LLC  
10511 BEN C.PRATT/SIX MILE CYPRESS PKWY  
SUITE 102  
FORT MYERS, FL 33966 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

**OFFICERS AND DIRECTORS:**

**Title:** D,P  
**Name:** FEIG, KATHRYN  
**Address:** 2654 NINE MILE ROAD  
**City-St-Zip:** LABELLE, FL 33935

I hereby 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 all other like empowered.

**SIGNATURE:** KATHRYN FEIG

P, D

03/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date