

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000003612

FILED
Apr 23, 2009
Secretary of State

Entity Name: KENNETH W. FIELDS DERMATOLOGY, P.A.

Current Principal Place of Business:

5100 TAMIAMI TRAIL, N.
102
NAPLES, FL 33940 US

Current Mailing Address:

5100 TAMIAMI TRAIL, N.
102
NAPLES, FL 33940 US

New Principal Place of Business:

5100 TAMIAMI TRAIL NORTH
SUITE 102
NAPLES, FL 34103 US

New Mailing Address:

5100 TAMIAMI TRAIL NORTH
SUITE 102
NAPLES, FL 34103 US

FEI Number: 65-0231090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDS, KENNETH W
5100 TAMIAMI TRAIL, N., #102
SUITE C
NAPLES, FL 33940 US

Name and Address of New Registered Agent:

FIELDS, KENNETH W
5100 TAMIAMI TRAIL NORTH
SUITE 102
NAPLES, FL 33940 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: KENNETH W. FIELDS, MD

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: FIELDS, KENNETH W
Address: 5100 TAMIAMI TRAIL, N., #102
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: FIELDS, KENNETH W
Address: 5100 TAMIAMI TRAIL NORTH, SUITE 102
City-St-Zip: NAPLES, FL 34103

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: KENNETH W. FIELDS, MD

PSTD

04/23/2009

Electronic Signature of Signing Officer or Director

Date