

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000047878

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Entity Name:** KEITH J. SIMON, M.D., P.A.

**Current Principal Place of Business:**

916 ACADEMY DR.  
BRANDON, FL 33511

**New Principal Place of Business:**

916 ACADEMY DR.  
BRANDON, FL 33511 US

**Current Mailing Address:**

16528 N DALE MABRY HWY  
TAMPA, FL 33618

**New Mailing Address:**

16528 N DALE MABRY HWY  
TAMPA, FL 33618 US

**FEI Number:** 59-3448676

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANDERS, WALTER  
16528 N DALE MABRY HWY  
TAMPA, FL 33618 US

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

SANDERS, WALTER S  
16528 N DALE MABRY HWY  
TAMPA, FL 33618 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:** WALTER S. SANDERS

02/24/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SIMON, KEITH J  
**Address:** 916 ACADEMY DR.  
**City-St-Zip:** BRANDON, FL 33511 US

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:** KEITH J. SIMON

PRES

02/24/2010

Electronic Signature of Signing Officer or Director

Date