

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000073006

FILED
Apr 08, 2009
Secretary of State

Entity Name: AMERICAN PHYSICIANS FOUNDATION CORPORATION

Current Principal Place of Business:

3 SHIRCLIFF WAY
SUITE 615
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

3 SHIRCLIFF WAY
SUITE 615
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 65-0779744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABBASSI, ABDI
108 LAMPLIGHTER ISLAND COURT
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

ABBASSI, ABDI
1105 PONTE VEDRA BLVD
PONTE VEDRA BEACH, FL 32082 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: _____

Electronic Signature of Registered Agent

04/08/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: ABBASSI, ABDI
Address: 3 SHIRCLIFF WAY # 615
City-St-Zip: JACKSONVILLE, FL 32204

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: DR. ABDI ABBASSI

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date