2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# P99000067294

Entity Name: NANCY HUNDT, M.D., P.A.

Current Principal Place of Business:

25086 OLYMPIA AVE, SUITE 320
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

25086 OLYMPIA AVE, SUITE 320
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-0934078 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUNDT, NANCY M.D.
425 CROSS STREET
SUITE 311
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

HUNDT, NANCY M.D.
25086 OLYMPIA AVE
SUITE 320
PUNTA GORDA, FL 33950 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: NANCY HUNDT 04/27/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: HUNDT, NANCY M.D.
Address: 425 CROSS STREET, SUITE 311
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: HUNDT, NANCY M.D.
Address: 25086 OLYMPIA AVE, SUITE 320
City-St-Zip: PUNTA GORDA, FL 33950

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: NANCY HUNDT PRES 04/27/2008
Electronic Signature of Signing Officer or Director Date