## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000075001

Entity Name: KATHLEEN A MACISAAC, M.D., INC.

FILED Jan 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4320 S MANHATTAN AVE 4320 S MANHATTAN AVE TAMPA, FL 336111304

SUITE H

TAMPA, FL 336111304

**Current Mailing Address: New Mailing Address:** 

4320 S MANHATTAN AVE SUITE H TAMPA, FL 336111304

FEI Number: 59-3594889 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MACISAAC, KATHLEEN S 4320 S MANHATTAN AVE TAMPA, FL 336111304 US MACISAAC, KATHLEEN S 4320 S MAŃHATTAN AVE SUITE H TAMPA, FL 336111304 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: 01/30/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete () Change () Addition

MACISAAC', KATHLEEN A Name: Name: 4320 S MANHATTAN AVE Address: Address: City-St-Zip: TAMPA, FL 336111304 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: AMY L MARTIN **CPA** 01/30/2009