


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90148 045 ***150.00

DOCUMENT # P99000081406	
1. Entity Name KELLEN LINDEN, PH.D., PA.	

Principal Place of Business 6385 PRESIDENTIAL CT. 102 FORT MYERS FL 33919	Mailing Address 6385 PRESIDENTIAL CT. 102 FORT MYERS FL 33919
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2. Principal Place of Business 1705 Colonial Blvd. Suite, Apt. #, etc. Ste. A-4 City & State Fort Myers FL Zip 33907 Country US	3. Mailing Address 1705 Colonial Blvd. Suite, Apt. #, etc. Ste. A-4 City & State Fort Myers FL Zip 33907 Country US
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1st MOORE CR2E034 (10/05)

4. FEI Number 59-3600318	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINDEN, KELLEEN 1362 MIRACLE LANE FT. MYERS FL 33901	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Kellen Linden* **PHD** (only change of Address) **4/12/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSV LINDEN, KELLEEN PHD 6385 PRESIDENTIAL CT., #102 FORT MYERS FL 33919 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kellen Linden* **PHD** **4/12/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #