

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S35160

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: DEPADUA & DEPADUA M.D., P.A.

## Current Principal Place of Business:

1205 MONUMENT ROAD  
JACKSONVILLE, FL 322256458

## New Principal Place of Business:

1205 MONUMENT ROAD  
203  
JACKSONVILLE, FL 322256458

## Current Mailing Address:

POST OFFICE BOX 551260  
JACKSONVILLE, FL 322551260

## New Mailing Address:

FEI Number: 59-3051974      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANSBACHER & SCHNEIDER, P.A.  
5150 BELFORT ROAD  
BUILDING 100  
JACKSONVILLE, FL 32256 US

## Name and Address of New Registered Agent:

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

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DEPADUA, ROBERT MD  
Address: 1205 MONUMENT ROAD  
City-St-Zip: JACKSONVILLE, FL

Title: DV ( ) Delete  
Name: DEPADUA, NAPOLEON MD  
Address: 1205 MONUMENT ROAD  
City-St-Zip: JACKSONVILLE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition  
Name: DEPADUA, ROBERT MD  
Address: 1205 MONUMENT ROAD  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MD (X) Change ( ) Addition  
Name: DEPADUA, NAPOLEON MD  
Address: 1205 MONUMENT ROAD  
City-St-Zip: JACKSONVILLE, FL 32225

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: NAPOLEON DE PADUA MD

MD

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date