

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V42281

FILED
Apr 30, 2007
Secretary of State

Entity Name: FORT MYERS' PHYSICIAN, P.A.

Current Principal Place of Business:

11724 FOX HILL RD.
N. FORT MYERS, FL 33917 US

New Principal Place of Business:

2721 DEL PRADO BLVD.
240
CAPE CORAL, FL 33904 US

Current Mailing Address:

11724 FOX HILL RD.
N. FORT MYERS, FL 33917 US

New Mailing Address:

2721 DEL PRADO BLVD.
240
CAPE CORAL, FL 33904 US

FEI Number: 65-0338509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILLAM, DANA G
11724 FOXHILL RD
N. FT. MYERS, FL 33917 US

Name and Address of New Registered Agent:

KILLAM, DANA G
2721 DEL PRADO BLVD.
240
CAPE CORAL, FL 33904 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: DANA G KILLAM, M.D.

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KILLAM, DANA G
Address: 11724 FOXHILL RD
City-St-Zip: N. FT. MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: KILLAM, DANA G
Address: 2721 DEL PRADO BLVD. SUITE 240
City-St-Zip: CAPE CORAL, FL 33904

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: DANA G KILLAM, M.D.

DR.

04/30/2007

Electronic Signature of Signing Officer or Director

Date