

# 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:**

4320 S MANHATTAN AVE  
TAMPA, FL 336111304

**New Principal Place of Business:**

4320 S MANHATTAN AVE  
SUITE H  
TAMPA, FL 336111304

**Current Mailing Address:**

4320 S MANHATTAN AVE  
SUITE H  
TAMPA, FL 336111304

**New Mailing Address:**

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

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

MACISAAC, KATHLEEN S  
4320 S MANHATTAN AVE  
TAMPA, FL 336111304 US

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

MACISAAC, KATHLEEN S  
4320 S MANHATTAN 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:**

Title: P      ( ) Delete  
Name: MACISAAC, KATHLEEN A  
Address: 4320 S MANHATTAN AVE  
City-St-Zip: TAMPA, FL 336111304

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
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  
Electronic Signature of Signing Officer or Director      Date