


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H87694</b> 1. Entity Name <b>DAVID S. BALLESTAS M.D., P.A.</b>	
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Principal Place of Business <b>2525 HARBOR BLVD, STE 102 PORT CHARLOTTE, FL 33952 US</b>	Mailing Address <b>2525 HARBOR BLVD, STE 102 PORT CHARLOTTE, FL 33952 US</b>
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05092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2627966</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BALLESTAS, DAVID S.  
 2525 HARBOR BLVD, STE 102  
 PORT CHARLOTTE, FL 33952**

**DO NOT WRITE IN THIS SPACE**

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.

06/04/08-80686-010 150.00

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when retaxing) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALLESTAS, DAVID S. 2525 HARBOR BLVD, STE 102 PORT CHARLOTTE, FL
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

**SIGNATURE:** *David Ballestas MD* **5/13/08**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #