


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # F13352
 1. Entity Name
 DAVID P. MYERS, M.D., P.A.



Principal Place of Business: 825 W LINEBAUGH AVENUE, TAMPA, FL 33612
 Mailing Address: 825 W LINEBAUGH AVENUE, TAMPA, FL 33612

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2066775	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 SWEENEY, TIMOTHY J
 825 W LINEBAUGH AVENUE
 TAMPA, FL 33612

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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 _____ (NOTE: Registered Agent signature required when remaining) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD MYERS, DAVID P. 25 HAMILTON HEATH TAMPA, FL 33604
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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 all other like empowered.

SIGNATURE: David Myers Date: 4/3/07 Daytime Phone #: 813 931 5560