


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F13352 1. Entity Name DAVID P. MYERS, M.D., P.A.	
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Principal Place of Business 825 W LINEBAUGH AVENUE TAMPA, FL 33612	Mailing Address 825 W LINEBAUGH AVENUE TAMPA, FL 33612
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DO NOT WRITE IN THIS SPACE



01072008 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

100000913075
 05/08/08-80020-023 150.00

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: 4/15/08 Daytime Phone #: 813 477-2437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR