

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J41405

**FILED**  
**Jan 20, 2006**  
**Secretary of State**

**Entity Name:** DAVID H. OWEN, M.D., P.A.

**Current Principal Place of Business:**

1501 CORPORATE DRIVE  
SUITE #120  
BOYNTON BEACH, FL 33426 US

**Current Mailing Address:**

1501 CORPORATE DRIVE  
SUITE #120  
BOYNTON BEACH, FL 33426 US

FEI Number: 59-2739283

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

2240 WOOLBRIGHT ROAD  
SUITE #405  
BOYNTON BEACH, FL 33426 US

**New Mailing Address:**

2240 WOOLBRIGHT ROAD  
SUITE #405  
BOYNTON BEACH, FL 33426 US

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

OWEN, DAVID H. M  
1501 CORPORATE DRIVE  
SUITE 120  
BOYNTON BEACH, FL 33426 US

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

OWEN, DAVID H. M  
2240 WOOLBRIGHT ROAD  
SUITE #405  
BOYNTON BEACH, FL 33426 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/20/2006

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: OWEN, DAVID H MD  
Address: 17872 FIELDBROOK CIR. W.  
City-St-Zip: BOCA RATON, FL 33496 US

**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 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: DAVID H. OWEN, M.D.

Electronic Signature of Signing Officer or Director

PRES

01/20/2006

Date