

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076629

FILED
Feb 17, 2011
Secretary of State

Entity Name: DAVID M. MCKALIP, M.D., P.A.

Current Principal Place of Business:

1201 5TH AVENUE NORTH
SUITE 210
ST. PETERSBURG, FL 33705

New Principal Place of Business:

431 S.W. BLVD. NORTH
ST. PETERSBURG, FL 33703

Current Mailing Address:

1201 5TH AVENUE NORTH
SUITE 210
ST. PETERSBURG, FL 33705

New Mailing Address:

431 S.W. BLVD NORTH
ST. PETERSBURG, FL 33703

FEI Number: 59-3665912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKALIP, DAVID M M.D.
1201 5TH AVENUE NORTH
SUITE 210
ST. PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

MCKALIP, DAVID M M.D.
431 S.W. BLVD. NORTH
ST. PETERSBURG, FL 33703 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: DAVID M. MCKALIP, M.D.

02/17/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: MCKALIP, DAVID M MD
Address: 431 S.W. BLVD. NORTH
City-St-Zip: ST. PETERSBURG, FL 33703

I hereby 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 all other like empowered.

SIGNATURE: DAVID M. MCKALIP, M. D.

DR.

02/17/2011

Electronic Signature of Signing Officer or Director

Date