

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000168112

FILED
Mar 09, 2007
Secretary of State

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

Current Principal Place of Business:

2723 SOUTH SEACREST BLVD.
SUITE 112
BOYNTON BEACH, FL 33435

New Principal Place of Business:

2623 SOUTH SEACREST BLVD.
SUITE 112
BOYNTON BEACH, FL 33435

Current Mailing Address:

2723 SOUTH SEACREST BLVD.
SUITE 112
BOYNTON BEACH, FL 33435

New Mailing Address:

2623 SOUTH SEACREST BLVD.
SUITE 112
BOYNTON BEACH, FL 33435

FEI Number: 20-2042084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC.
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

LASHWAY, DAVID M PRES
2623 S SEACREST BLVD
SUITE 112
BOYNTON BEACH, FL 33435 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 LASHWAY, MD

03/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LASHWAY, DAVID M
Address: 2723 SOUTH SEACREST BLVD. SUITE 112
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change () Addition
Name: LASHWAY, DAVID M
Address: 2623 SOUTH SEACREST BLVD. SUITE 112
City-St-Zip: BOYNTON BEACH, FL 33435

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 M LASHWAY,MD

D, P

03/09/2007

Electronic Signature of Signing Officer or Director

Date