

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000024360

Entity Name: DAVID L. SALL, M.D., P.A.

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1357 PALM AVENUE  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

1357 PALM AVENUE  
JACKSONVILLE, FL 32207

**New Mailing Address:**

FEI Number: 59-2316837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SALL, DAVID L  
1357 PALM AVENUE  
JACKSONVILLE, FL 32207 US

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

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

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SALL, DAVID L MD  
Address: 2946 BERNICE CT  
City-St-Zip: JACKSONVILLE, FL 32257

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 L SALL

PD

01/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date