

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000081803

FILED
Apr 09, 2009
Secretary of State

Entity Name: MICHAEL W. MERIWETHER, M.D., P.A.

Current Principal Place of Business:

4054 SAWYER ROAD
SARASOTA, FL 34233

New Principal Place of Business:

9040 TOWN CENTER PARKWAY
LAKEWOOD RANCH, FL 34202

Current Mailing Address:

P.O. BOX 25035
SARASOTA, FL 342772035 US

New Mailing Address:

FEI Number: 65-0450408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERIWETHER, MICHAEL W
4054 SAWYER ROAD
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

MERIWETHER, MICHAEL W M.D., P
9040 TOWN CENTER PARKWAY
LAKEWOOD RANCH, FL 34202 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: MICHAEL W. MERIWETHER M.D.

04/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MERIWETHER, MICHAEL W
Address: 4054 SAWYER ROAD
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: MERIWETHER, MICHAEL W
Address: 9040 TOWN CENTER PARKWAY
City-St-Zip: LAKEWOOD RANCH, FL 34202

I hereby certify that the information supplied with this filing does not qualify 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: MICHAEL W. MERIWETHER M.D., P.A.

MD

04/09/2009

Electronic Signature of Signing Officer or Director

Date