

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000044166 (4)

1. Corporation Name

DAVID PAUL SHOWALTER, M.D., P.A.



Principal Place of Business

3920 BEE RIDGE RD.
BLDG. I, SUITE B
SARASOTA FL 34233

Mailing Address

3920 BEE RIDGE RD.
BLDG. I, SUITE B
SARASOTA FL 34233-1207

3. Date Incorporated or Qualified

06/14/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 4044 Sawyer Rd

2a. Mailing Address

26 4044 Sawyer Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Sarasota, FL

City & State

28 Sarasota, FL

Zip

24 34233

Country

25 Sarasota

Zip

29 34233

Country

30 Sarasota

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

SHOWALTER, DAVID P
3920 BEE RIDGE RD.
BLDG. I, SUITE B
SARASOTA FL 34233

10. Name and Address of New Registered Agent

81 Name

Showalter, David P

82 Street Address (P.O. Box Number is Not Acceptable)

4044 Sawyer Rd

83

84 City

Sarasota

FL

85 Zip Code

34233

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SHOWALTER, DAVID P
STREET ADDRESS 3920 BEE RIDGE RD., BLDG. I, STE B
CITY-ST-ZIP SARASOTA FL 34233

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE M.D.
1.2 NAME Showalter, David P
1.3 STREET ADDRESS 4044 Sawyer Rd
1.4 CITY-ST-ZIP Sarasota, FL 34233

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/97 921-5533

CR2E034 (9/96)