

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000044166

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**Entity Name:** DAVID PAUL SHOWALTER, M.D., P.A.

**Current Principal Place of Business:**

600 N CATTLEMEN RD  
STE. 220  
SARASOTA, FL 34232 US

**New Principal Place of Business:**

600 NORTH CATTLEMEN ROAD  
SUITE 220  
SARASOTA, FL 34232 US

**Current Mailing Address:**

600 N CATTLEMEN RD  
STE. 220  
SARASOTA, FL 34232 US

**New Mailing Address:**

600 NORTH CATTLEMEN ROAD  
SUITE 220  
SARASOTA, FL 34232 US

**FEI Number:** 65-0495490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHOWALTER, DAVID P  
600 N CATTLEMEN RD STE 220  
SARASOTA, FL 34232 US

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

SHOWALTER, DAVID P  
600 NORTH CATTLEMEN ROAD  
SUITE 220  
SARASOTA, FL 34232 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/14/2010

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: SHOWALTER, DAVID P  
Address: 600 NORTH CATTLEMEN ROAD, SUITE 220  
City-St-Zip: SARASOTA, FL 34232

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 P. SHOWALTER

MD

01/14/2010

Electronic Signature of Signing Officer or Director

Date