


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000054781	
1. Entity Name DAVID W. MALKA, M.D., P.A.	

Principal Place of Business 7539 MEDICAL DRIVE HUDSON, FL 34667	Mailing Address 7539 MEDICAL DRIVE HUDSON, FL 34667
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01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

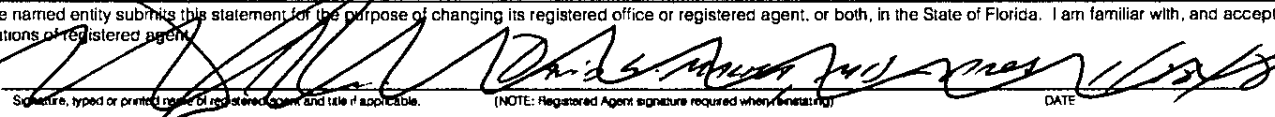
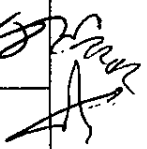
4. FEI Number 59-3453391	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MALKA, DAVID W
7539 MEDICAL DR
HUDSON, FL 34667**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PSTD	NAME MALKA, DAVID W MD
STREET ADDRESS 7539 MEDICAL DRIVE	
CITY-ST-ZIP HUDSON, FL 34667	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
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CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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02/20/08-80002-011-150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DAVID W. MALKA, M.D., P.A.** DATE **2/11/08** DAYTIME PHONE # **727-269-2411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR