

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000022569

Entity Name: ANTHONY J. MCELLOWNEY, M.D., P.A.

FILED
Jan 12, 2005
Secretary of State

Current Principal Place of Business:

2017 S MAIN STREET
PARIS, KY 403611167

New Principal Place of Business:

2520 VALLEY DRIVE
SUITE 211
POINT PLEASANT, WV 255502031 US

Current Mailing Address:

2017 S MAIN STREET
PARIS, KY 403611167

New Mailing Address:

2520 VALLEY DRIVE
SUITE 211
POINT PLEASANT, WV 255502031

FEI Number: 59-3506390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZINK, BRYAN
4121 EMPEDRADO STREET
TAMPA, FL 33629 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: D () Delete
Name: MCELLOWNEY, ANTHONY J M.D.
Address: 2017 S MAIN STREET
City-St-Zip: PARIS, KY 40361

Title: PVST () Delete
Name: MCELLOWNEY, ANTHONY J M.D.
Address: 2017 S MAIN STREET
City-St-Zip: PARIS, KY 40361

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCELLOWNEY, ANTHONY J M.D.
Address: 2520 VALLEY DRIVE
City-St-Zip: POINT PLEASANT, WV 255502031 US

Title: PVST (X) Change () Addition
Name: MCELLOWNEY, ANTHONY J M.D.
Address: 2520 VALLEY DRIVE
City-St-Zip: POINT PLEASANT, WV 255502031 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANTHONY J. MCELLOWNEY, MD

DR

01/12/2005

Electronic Signature of Signing Officer or Director

Date