

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000022569

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

FILED  
Jan 18, 2007  
Secretary of State

## Current Principal Place of Business:

2520 VALLEY DRIVE  
SUITE 211  
POINT PLEASANT, WV 255502031 US

## New Principal Place of Business:

1477 N. GARDNER STREET  
SCOTTSBURG, IN 471707751 US

## Current Mailing Address:

2520 VALLEY DRIVE  
SUITE 211  
POINT PLEASANT, WV 255502031

## New Mailing Address:

P.O. BOX 430  
SCOTTSBURG, IN 471707751 US

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: 2520 VALLEY DRIVE  
City-St-Zip: POINT PLEASANT, WV 255502031 US

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MCELLOWNEY, ANTHONY J M.D.  
Address: P.O. BOX 430  
City-St-Zip: SCOTTSBURG, IN 471707751 US

Title: PVST (X) Change ( ) Addition  
Name: MCELLOWNEY, ANTHONY J M.D.  
Address: P.O. BOX 430  
City-St-Zip: SCOTTSBURG, IN 471707751 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY J. MCELLOWNEY

PVST

01/18/2007

Electronic Signature of Signing Officer or Director

Date