2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000096474

Address:

City-St-Zip:

Entity Name: DAVID A. LONG, M.D., P.A.

1615 SO PASADENA #250

SO PASADENA, FL 33707

FILED Apr 01, 2009 Secretary of State

Current Principal Place of Business:		New Principa	New Principal Place of Business:		
1615 SO PASADENA AVE		1615 SO PAS #250	1615 SO PASADENA AVE		
#250 PASADENA, FL 33707	US		ADENA, FL 33707	US	
Current Mailing Address:		New Mailing	New Mailing Address:		
1615 SO PASADENA AVE 250			1615 SO PASADENA AVE #250		
SO PASADENA, FL 33707			ADENA, FL 33707	US	
FEI Number: 59-3607305	FEI Number Applied For ()	FEI Number Not Applica	ble () Certifica	ate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Age				istered Agent:	
LONG, DAVID A 10105 TARPON DR TREASURE ISLAND, FL	33706 US				
The above named entity s in the State of Florida.	submits this statement for the p	urpose of changing its r	registered office or r	egistered agent, or both,	
SIGNATURE:					
Electron	nt	Date			
Election Campaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:		ADDITIONS/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: P () Name: LONG, DAVID A	Delete MD	Title: Name:	() Change	() Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID A LONG MD P 04/01/2009