

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000044166

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

**Current Principal Place of Business:**

600 NORTH CATTLEMEN ROAD  
SUITE 220  
SARASOTA, FL 34232

**Current Mailing Address:**

600 NORTH CATTLEMEN ROAD  
SUITE 220  
SARASOTA, FL 34232 US

**FEI Number:** 65-0495490

**Certificate of Status Desired:** No

**Name and Address of Current 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title MD  
Name SHOWALTER, DAVID P  
Address 600 NORTH CATTLEMEN ROAD,  
SUITE 220  
City-State-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

**PRESIDENT**

**01/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date