

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra D. Maxnam  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**DOCUMENT # 692438 (5)**

1. Corporation Name

**JAMES A. DAVIS, JR., D.D.S., P.A.**

95 MAY -1 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% ROBERT A. PIERCE  
227 S. CALHOUN ST.  
TALLAHASSEE FL 32301

% ROBERT A. PIERCE  
227 S. CALHOUN ST.  
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**ROBERT A. PIERCE  
227 S. CALHOUN ST.  
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PTD**  
NAME: **DAVIS, JAMES A., JR**  
STREET ADDRESS: **3330 CAPITAL OAKS DRIVE**  
CITY - ST - ZIP: **TALLAHASSEE FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

Change  Addition

TITLE: **SDT**  
NAME: **DAVIS, JUDY L**  
STREET ADDRESS: **3330 CAPITAL OAKS DRIVE**  
CITY - ST - ZIP: **TALLAHASSEE FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

Change  Addition

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

Change  Addition

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

Change  Addition

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

Change  Addition

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Change  Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-95

878-5141

Date

Daytime Phone #