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: ALAN DAVIS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# F47137

Entity Name: DAVIS ROBERTS BOELLER & RIFE PA

Current Principal Place of Business:

2121 S MCCALL RD ENGLEWOOD, FL 34224

Current Mailing Address:

2121 S MCCALL RD ENGLEWOOD, FL 34224 US

FEI Number: 59-2125066

Name and Address of Current Registered Agent:

GASSMAN, ALAN S 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756 US FILED Feb 21, 2020 Secretary of State 8579801788CC

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

Title	D	Title	D
Name	DAVIS, ALAN F	Name	ROBERTS, RYAN E
Address	2121 S MCCALL RD	Address	2121 S MCCALL RD
City-State-Zip:	ENGLEWOOD FL 34224	City-State-Zip:	ENGLEWOOD FL 34224
Title	D	Title	D
Title Name	D BOELLER, JAMES ND.M.D.	Title Name	D RIFE, DEANNE
	-		
Name	BOELLER, JAMES ND.M.D.	Name	RIFE, DEANNE

DIRECTOR

02/21/2020 Date