

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000107122

**Entity Name:** M DAVID SUMMERS, P.A.

**Current Principal Place of Business:**

11956 JUSTAMERE LANE  
DADE CITY , FL 33525

**Current Mailing Address:**

11956 JUSTAMERE LN  
DADE CITY, FL 33525 US

**FEI Number: 56-2400442**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LASMAN, JEFFREY MESQ  
LASMAN & ASSOCIATES, P.A.  
115 PROVIDENCE RD  
BRANDON, FL 33511 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 P  
Name SUMMERS, LAURA M  
Address 11956 JUSTAMERE LN  
City-State-Zip: DADE CITY FL 33525

Title VP  
Name SUMMERS, MARK DVP  
Address 11956 JUSTAMERE LN  
City-State-Zip: DADE CITY FL 33525

Title VP  
Name SUMMERS, MARK DVP  
Address 11956 JUSTAMERE LN  
City-State-Zip: DADE CITY FL 33525

Title VP  
Name SUMMERS, MARK DVP  
Address 11956 JUSTAMERE LN  
City-State-Zip: DADE CITY FL 33525

Title VP  
Name SUMMERS, MARK DVP  
Address 11956 JUSTAMERE LN  
City-State-Zip: DADE CITY FL 33525

Title VP  
Name SUMMERS, MARK DVP  
Address 11956 JUSTAMERE LN  
City-State-Zip: DADE CITY FL 33525

*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: MARK SUMMERS**

**VP**

**01/17/2020**

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

\_\_\_\_\_  
Date