

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 505543

1. Entity Name
PHILIP M. DAVIS, II, D.D.S., P.A.



Principal Place of Business
1940 SOUTH TUTTLE AVENUE
SARASOTA, FL 34239-3114 US

Mailing Address
1940 SOUTH TUTTLE AVENUE
SARASOTA, FL 34239-3114 US

FILED
Jul 10, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1674810

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BAND, DAVID S.
240 S PINEAPPLE AVENUE
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
DAVIS, PHILIP M II
1940 S TUTTLE AVE
SARASOTA, FL 00000, 34239

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
JANSON, WALTER C JR
1900 S TUTTLE AVE
SARASOTA, FL 00000, 34239

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
DES ROCHERS, ROBERT
2300 WASSON RD
SARASOTA, FL 34231

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000953963
07/10/08-80006-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

Philip M. Davis, II, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-07-08

Date

941-366-9585

Daytime Phone #