FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 [illegible] 1:25

DOCUMENT # **509050** **(1)**

1. Corporation Name

JAMES W. DAVIS, D.D.S., P.A.

Principal Place of Business	Mailing Address
2211 NE 36TH ST LIGHTHOUSE POINT FL 33064	2211 NE 36TH ST LIGHTHOUSE POINT FL 33064

Certificate Number (if applicable)

3. Date Incorporated / Qualified: 07/01/1976	3a. Date of Last Report: 03/16/1994
4. FEI Number: 59-1679351	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has paid or intends to pay intangible tax under S. 199.032, Florida Statutes. ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2211 NE 36TH ST	26 2211 NE 36TH ST
Suite, Apt. #, etc. 22 SUITE 102	Suite, Apt. #, etc. 27 SUITE 102
City & State 23 LIGHTHOUSE POINT FL	City & State 28 LIGHTHOUSE POINT, FL
Zip 24 33064	Country 25 U.S.A.
Zip 29 33064	Country 30 U.S.A.

9. Name and Address of Current Registered Agent

DAVIS, JAMES W
2211 NE 36TH ST
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	2211 N.E. 36TH ST. - SUITE 102
83	
84 City	FL
85 Zip Code	

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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (Registered Agent is required to sign this statement.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☑ Addition
NAME	DAVIS, JAMES W	1.2 NAME	
STREET ADDRESS	3501 N.W. 71ST ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	COCONUT CREEK, FL. 33073
TITLE	SDT	2.1 TITLE	☐ Change ☑ Addition
NAME	DAVIS, JUDITH LEE	2.2 NAME	
STREET ADDRESS	3501 N.W. 71ST ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is absolutely furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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: Mrs Judith Lee Davis for Davis, D.D.S., P.A. - Mrs Judith Lee Davis, Sec/Treas 1/10/95 12:56PM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE

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