

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90008 046 ***150.00

DOCUMENT # F99000000571

1. Entity Name

ALEX DAVENPORT M.D., P.C.

Principal Place of Business

Mailing Address

2711 CAPITAL MEDICAL BLVD., #C
 TALLAHASSEE FL 32308

P.O. BOX 14266
 TALLAHASSEE FL 32317-4266

2. Principal Place of Business

2711 Capital Med. Blvd
 Suite, Apt. #, etc.
 #C

3. Mailing Address

PO Box 14266, Tall, 32317
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tall, Fl

City & State

Tall, Fla

4. FEI Number

58-2154264

Applied For

Not Applicable

Zip

32308

Country

usa

Zip

32317-4266

Country

U.S.A

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DAVENPORT, DIANA
 2020 DOOMAR DR
 TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE CPV Delete
 NAME DAVENPORT, ALEX
 STREET ADDRESS 2711 CAPITAL MEDICAL BLVD., #C
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ST Delete
 NAME DAVENPORT, DIANA
 STREET ADDRESS 2711 CAPITAL MEDICAL BLVD., #C
 CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alex Davenport
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00
 Date

850-656-1997
 Daytime Phone #

CR2E034 (9/99)