

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G56378**

Entity Name

MICHAEL J. DAVOLI, M.D., P.A.**FILED**
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90049 010 ***150.00

100001



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2466 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308		Mailing Address PO BOX 50330 LIGHTHOUSE FL 33074	
2. Principal Place of Business		3. Mailing Address P.O. Box 50330	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Lighthouse Pt. FL.	
Zip	Country	Zip	Country
		33074	
4. FEI Number 59-2319071		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVOLI, MICHAEL J. M.D. 2466 E. COMMERCIAL BLVD. FT. LAUDERDALE FL 33308		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 _____ (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. <input checked="" type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVOLI, MICHAEL J 3750 N.E. 30 AVE. LIGHTHOUSE PT, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Michael Davoli		Date 1/10/2001 Daytime Phone # 9549464314	

CR2E034 (10/00)