

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90244 041 ***150.00

DOCUMENT # G56378

1. Entity Name

MICHAEL J DAVOLI, M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2466 E COMMERCIAL BLVD

3. Mailing Address

SAME PO. Box 50330

DO NOT WRITE IN THIS SPACE

City & State FT. LAUDERDALE, FL

City & State Lighthouse Pt., FL

4. FEI 592319071

Apply For
Not Applicable

Zip 33308

Country

Zip 33064

Country USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DAVOLI, MICHAEL J. MD

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

2466 E COMMERCIAL BLVD.

City FT. LAUDERDALE

FL

Zip Code 33308

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
NAME DAVOLI, MICHAEL J.
STREET ADDRESS 3750 NE 30 AVE
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064 DP

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IN THIS SPACE**

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

SIGNATURE:

Michael Davoli MD PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 9544156212
Date Daytime Phone #

CR2E034B (12/01)