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FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90002 038 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G93929

1. Corporation Name
THOMAS M. DAVISON, M.D., P.A.

Principal Place of Business

500 VONDERBURG DR
SUITE 214
BRANDON FL 33511

Mailing Address

500 VONDERBURG DR
SUITE 214
BRANDON FL 33511

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1984

4. FEI Number

59-2386137

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year intangible

Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 801 CENTERBROOK AVE

Suite, Apt. #, etc.

22

23 City & State
BRANDON, FL

24 Zip
33511

25 Country
USA

2a. Mailing Address

26 801 CENTERBROOK AVE

Suite, Apt. #, etc.

27

28 City & State
BRANDON, FL

29 Zip
33511

30 Country
USA

9. Name and Address of Current Registered Agent

DAVISON, THOMAS M.
500 VONDERBURG
BRANDON FL 33511

10. Name and Address of New Registered Agent

81 Name
DAVISON, THOMAS M.

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

801 CENTERBROOK DRIVE

83

84 City
BRANDON

FL

85 Zip Code
33511

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
Thomas M. Davison M.D.

4-20-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
DP

NAME
DAVISON, THOMAS M.

STREET ADDRESS
500 VONDERBURG DR #214

CITY-ST-ZIP
BRANDON FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
DP

1.2 NAME
DAVISON, THOMAS M.

1.3 STREET ADDRESS
801 CENTERBROOK DR.

1.4 CITY-ST-ZIP
BRANDON, FL 33511

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE: Thomas M. Davison M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)