

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H36402** (6)

1. Corporation Name
SANFORD I. DAVIS, M.D., P.A.

Principal Place of Business
**1747 VESTAL WAY
CORAL SPRINGS FL 33071**

Mailing Address
**1747 VESTAL WAY
CORAL SPRINGS FL 33071**

APPROVED
ALL
FEES
95 MAY - 1 1995
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Created **12/26/1984** 3a. Date of Last Report **03/16/1994**

2. Principal Type of Business 2a. Mailing Address

21. Sub. Apt. #, etc. 26. Sub. Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip

24. County 25. County 29. County 30. County

4. FEI Number **59-2478838** Acquired 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 failed to file an annual report under 5-199-032, Florida Statute Yes No

9. Name and Address of Current Registered Agent

**DAVIS, SANFORD I.
1747 VESTAL WAY
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office (or registered agent) in 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 607.01(2)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12a. NAME	DP DAVIS, SANFORD I.
12b. STREET ADDRESS	1747 VESTAL WAY
12c. CITY, ST. ZIP	CORAL SPRINGS FL
12d. TITLE	
12e. NAME	
12f. STREET ADDRESS	
12g. CITY, ST. ZIP	
12h. TITLE	
12i. NAME	
12j. STREET ADDRESS	
12k. CITY, ST. ZIP	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

13a. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13b. STREET ADDRESS		
13c. CITY, ST. ZIP		
13d. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13e. STREET ADDRESS		
13f. CITY, ST. ZIP		
13g. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13h. STREET ADDRESS		
13i. CITY, ST. ZIP		
13j. NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13k. STREET ADDRESS		
13l. CITY, ST. ZIP		

14. I, the undersigned, declare that the information furnished herein is true and correct and that I am duly qualified to act as a registered agent for the corporation named herein and accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(2)(b), Florida Statutes, and that my name appears on Block 1 or Block 11 of a map of the area shown with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 755750