

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H36402** (6)

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



Principal Place of Business Mailing Address
1747 VESTAL WAY CORAL SPRINGS FL 33071

2. Principal Place of Business 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

3. Date incorporated or Created **12/26/1984** 3a. Date of Last Report **05/01/1995**
4. EIN Number **59-2478838** Applied For Not Applicable
5. Corporation of States Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes 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
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0507 and 607.0508, Part (b) Statute, the above named corporation is hereby stated to be 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. Thereby accept this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0507, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	DAVIS, SANFORD I.	
STREET ADDRESS	1747 VESTAL WAY	
CITY-STATE-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
15 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
16 STREET ADDRESS	
17 CITY-STATE-ZIP	
18 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
19 STREET ADDRESS	
20 CITY-STATE-ZIP	
21 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
22 STREET ADDRESS	
23 CITY-STATE-ZIP	
24 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
25 STREET ADDRESS	
26 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not specify for the filing being avoided. Section 179.03(2)(a), Florida Statutes, further certifies that the information indicated in this filing is true and correct and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation or the business or trust represented by this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing as an attachment with an address.

SIGNATURE: **9/9**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)