

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 10, 2001 8:00 am**  
**Secretary of State**

08-10-2001 90003 012 \*\*\*150.00

**DOCUMENT # H36402**  
 1. Entity 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**

2. Principal Place of Business  
**7740 Montecito Place**  
 Suite, Apt. #, etc.

3. Mailing Address  
**7740 Montecito Place**  
 Suite, Apt. #, etc.

City & State  
**Delray Beach, FL**

City & State  
**Delray Beach, FL**

Zip  
**33446**

Country  
**Palm Beach**

Zip  
**33446**

Country  
**Palm Beach**

4. FEI Number  
**59-2478838**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**DAVIS, SANFORD I.**  
**1747 VESTAL WAY**  
**CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**7740 Montecito Place**

City  
**Delray Beach**

FL Zip Code  
**33446**

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)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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 STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>DAVIS, SANFORD I.</b> <b>1747 VESTAL WAY</b> <b>CORAL SPRINGS FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7740 Montecito Place</b> <b>Delray Beach, FL 33446</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (5/01)

Attachment Doc# H316102

A0080788

SANFORD I. DAVIS, MD, PA  
7740 MONTECITO PLACE  
DELRAY BEACH, FL 33446

August 3, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

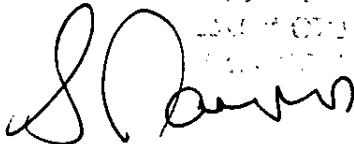
Attn: Division of Corporations Dept.

Dear Sir or Madam:

Please be advised that this was the first notice we received for the filing of the 2001 Uniform Business Report (UBR). We had moved during 2001 and had not received the original form. We are sending the completed form with a check in the amount of \$150.00. Please adjust your records to reflect the correct address.

We respectfully request that you accept payment of \$150.00 since it was not our intention to file late. Thank you very much in advance for your consideration in this matter.

Sincerely,



Sanford I. Davis, MD, PA