

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90207 029 ***150.00

DOCUMENT # H54586

1. Corporation Name

SUZANNE M. DAVIS, R.P.T., INC.

Principal Place of Business

% SUZANNE M. DAVIS
7500 N.W. 5TH ST.
PLANTATION FL 33317

Mailing Address

% SUZANNE M. DAVIS
7500 N.W. 5TH ST.
PLANTATION FL 33317

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1985

4. FEI Number

59-2531421

Applied 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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 447 NW 73RD AVENUE

Suite, Apt. #, etc.

22 City & State

23 PLANTATION FL

Zip Country

24 33317

25

2a. Mailing Address

26 447 NW 73RD AVENUE

Suite, Apt. #, etc.

27 City & State

28 PLANTATION FL

Zip Country

29 33317

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, SUZANNE M.
7500 N.W. 5TH ST
PLANTATION FL 33317

81 Name

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

447 NW 73RD AVENUE

83

84 City PLANTATION

FL

85 Zip Code 33317

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

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 DAVIS, SUZANNE M.
STREET ADDRESS 2724 NE 26TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33306

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 904 NE 5TH STREET
1.4 CITY-ST-ZIP FT LAUDERDALE FL 33301

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUZANNE M. DAVIS 3/20/99 954-583-7383

Date

Daytime Phone #

CR2E034 (11/98)