## 2005 FOR PROFIT CORPORATION ANNUAL REPORT\_\_

## May 02, 2005 08:00 AM Secretary of State DOCUMENT # H54586 1. Entity Name SUZÁNNE M. DAVIS, R.P.T., INC. Principal Place of Business Mailing Address 447 NW 73RD AVENUE 447 NW 73RD AVENUE PLANTATION, FL 33317 PLANTATION, FL 33317 CR2E034 (10/03) 04272005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2531421 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVIS, SUZANNE M DO NOT WRITE 447 NW 73RD AVENUE PLANTATION, FL 33317 IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE Signature typed or printed name of registered agent and trie if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DAVIS, SUZANNE M. 2724 NE 26 AVE STREET ADDRESS U00000357915 05/04/05-80094-807 150.00 FORT LAUDERDALE, FL 33306 CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHY ST-ZIP IN THIS SPACE tare STREET ADDRESS CITY - ST - ZIP THE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DI

SIGNATURE:

**FILED**