

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90012 001 ***150.00

DOCUMENT # L39125
 1. Entity Name
 JOHN T. DAVIDSON M.D., F.R.C.S., P.A.



Principal Place of Business: 1300 36TH STREET STE 1H VERO BEACH, FL 32960
 Mailing Address: 1300 36TH STREET STE 1H VERO BEACH, FL 32960

44015500



2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

02242004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0161922 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 DAVIDSON, JOHN T.
 1300 36TH ST
 UNIT 1H
 VERO BEACH, FL 32960

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: DAVIDSON, JOHN T. STREET ADDRESS: 400 INDIAN HARBOR RD CITY-ST-ZIP: VERO BEACH, FL	<input type="checkbox"/> Delete	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"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Davidson* JOHN DAVIDSON 3/11/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

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