

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

0042948 - AV

**DOCUMENT # P00000078183**

1. Entity Name

ALEX DAVENPORT M.D., P.A.

02-01-2002 90031 024 \*\*\*150.00

Principal Place of Business

2711 CAPITAL MEDICAL BLVD. #C  
TALLAHASSEE FL 32308

Mailing Address

2711 CAPITAL MEDICAL BLVD. #C  
TALLAHASSEE FL 32308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2414 East Playa Drive

3. Mailing Address

P.O. Box 14266

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A

City & State

Tallahassee, FL

City & State

Tall, FL

Zip

32308

Country

USA

Zip

32317-4266

Country

USA

4. FEI Number

58-2154264

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVENPORT, DIANA

2711 CAPITAL MEDICAL BLVD, #C  
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

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

2414 East Playa Drive

Suite A

City

Tall,

FL

Zip Code

32308

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

*Diana Davenport*

DIANA DAVENPORT  
manager

1-18-02

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 \$150.00**

**After May 1, 2002 Fee will be \$550.00**  
**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 P ☐ Delete  
NAME DAVENPORT, ALEX  
STREET ADDRESS 2711 CAPITAL MEDICAL BLVD, #C  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE S ☐ Delete  
NAME DAVENPORT, DIANA  
STREET ADDRESS 2711 CAPITAL MEDICAL BLVD, #C  
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME same  
STREET ADDRESS 2414 East Playa Dr #A  
CITY-ST-ZIP Tall, FL 32308

TITLE ☒ Change ☐ Addition  
NAME same  
STREET ADDRESS 2414 East Playa Dr #A  
CITY-ST-ZIP Tall, FL 32308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Diana Davenport*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1-18-02

850-656-1997  
Daytime Phone #

CR2E034 (9/01)