## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000078183

Entity Name: ALEX DAVENPORT M.D., P.A

FILED Jan 11, 2007 Secretary of State

	iid: ALLA BA	CEIVI ORT W.D., 1 .7			
Current Pr	incipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
PO BOX 14 TALLAHAS	1266 SSEE, FL 3230	8	2414 E PLAZA DRIVE TALLAHASSEE, FL 32	308 US	
Current Ma	ailing Address	s:	New Mailing Address	New Mailing Address:	
PO BOX 14 TALLAHAS	1266 SEE, FL 3230	8	PO BOX 14266 TALLAHASSEE, FL 32	308 US	
FEI Number:	58-2154264	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
2414 EAST TALLAHAS		18 US	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	ic Signature of Registered Age	nt	Date	
Election Carr	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () DAVENPORT, AI PO BOX 14266 TALLAHASSEE,		Title: ( Name: Address: City-St-Zip:	)Change ()Addition	
Title: Name: Address: City-St-Zip:	S () DAVENPORT, D PO BOX 14266 TALLAHASSEE,		Title: ( Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEX DAVENPORT PD 01/11/2007