

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2005 8:00 am**  
**Secretary of State**

07-19-2005 90040 005 \*\*\*550.00

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07052005 Chg-P CR2E034 (10/03)

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| <b>DOCUMENT # P01000048185</b>                  |  |
| 1. Entity Name<br><b>ROBERT G. DAVIES, P.A.</b> |  |



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| Principal Place of Business<br><b>357 11TH AVE SOUTH<br/>JACKSONVILLE BEACH, FL 32250</b> | Mailing Address<br><b>357 11TH AVE SOUTH<br/>JACKSONVILLE BEACH, FL 32250</b> |
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| 2. Principal Place of Business<br><b>1370 13th Ave South</b> | 3. Mailing Address<br><b>1370 13th Ave South</b> |
| Suite, Apt. #, etc.<br><b>Suite 220</b>                      | Suite, Apt. #, etc.<br><b>Suite 220</b>          |
| City & State<br><b>Jacksonville Beach, FL</b>                | City & State<br><b>Jacksonville Beach, FL</b>    |
| Zip<br><b>32250</b>  | Country<br><b>Duval</b>                          |

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| 4. FEI Number<br><b>59-3723532</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

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| 6. Name and Address of Current Registered Agent<br><b>DAVIES, ROBERT G MD<br/>2730 ISABELLA BLVD<br/>JACKSONVILLE BEACH, FL 32250</b> |  |
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| 7. Name and Address of New Registered Agent<br>Name <b>Robert Davies MD</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1370 13th Ave South Suite 220</b><br>City <b>Jacksonville Beach FL</b> Zip Code <b>32250</b> |  |
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| 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 <b>Robert Davies MD</b>   | DATE <b>7/10/05</b> |

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| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 7, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>DAVIES, ROBERT G MD<br/>357 11TH AVE SOUTH<br/>JACKSONVILLE BEACH, FL 32250</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <b>D<br/>Davies, Robert G MD<br/>1370 13th Ave South Suite 220<br/>Jacksonville Beach, FL 32250</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 information empowered. |   |
| SIGNATURE: <b>Robert Davies</b>  | DATE <b>7/10/05</b> DAYTIME PHONE # <b>249-0041</b> |