


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90089 046 ***150.00

DOCUMENT # P01000048185	
1. Entity Name ROBERT G. DAVIES, P.A.	

Principal Place of Business 1370 13TH AVE SOUTH SUITE 220 JACKSONVILLE BEACH, FL 32250	Mailing Address 1370 13TH AVE SOUTH SUITE 220 JACKSONVILLE BEACH, FL 32250
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. Suite 121	Suite, Apt. #, etc. Suite 121
City & State	City & State
Zip	Country



01162007 Chg-P CR2E034 (12/06)

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

6. Name and Address of Current Registered Agent DAVIES, ROBERT G MD 1370 13TH AVE SOUTH, SUITE 220 JACKSONVILLE BEACH, FL 32250	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIES, ROBERT G MD 1370 13TH AVE SOUTH, SUITE 220 JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 609, 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, trustee or liquidator 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 all other like empowered.

SIGNATURE:  **1/23/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone