

PO1 000 108629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

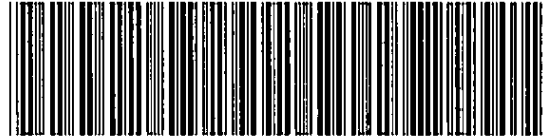
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

H/2

Office Use Only



000341193050

03/05/20--01000--001 4435.00

FILED  
SECRETARY OF STATE  
DIVISION OF REVENUE AND TAXES  
2020 APR -2 PM 12:53

QMI

H/13130

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Anthony J Davis, DO PA  
Name of Corporation

**DOCUMENT NUMBER:** P010000108629

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony J Davis

Name of Contact Person

Firm/Company

3108 Woodland Fern Dr.

Address

Parrish, FL 34219

City/State and Zip Code

AJDAVISDO@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Davis

Name of Contact Person

at (386-235-7895)

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 APR -2 11:17

March 23, 2020

ANTHONY J DAVIS DO PA  
3108 WOODLAND FERN DR.  
PARRISH, FL 34219

SUBJECT: ANTHONY J. DAVIS, D.O., P.A.  
Ref. Number: P01000108629

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore  
Regulatory Specialist II

Letter Number: 120A00006329

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Anthony J Davis, DO PA  
2. The principal office address: 3108 Woodland Fern Dr. Parrish, Florida 34219

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/13/2001 Document number: P010000108629

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Brock, Jeffrey P  
444 Seabreeze Blvd Suite 900  
Daytona Beach, Florida 32118

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Anthony J Davis  
3108 Woodland Fern Dr.  
P.O. Box NOT acceptable  
Parrish Florida 34219

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2020 APR - 2 PM 12:53

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Anthony J Davis, DO  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

March 30, 2020  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314