

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000078241		
1. Entry Name JOSE R. DAVILA, D.M.D., P.A.		
Principal Place of Business 13940 US 441 STE 904 LADY LAKE, FL 31259	Mailing Address 13940 US 441 STE 904 LADY LAKE, FL 31259	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent DAVILA, JOSE R 13940 US 441 STE 904 LADY LAKE, FL 31259		DO NOT WRITE IN THIS SPACE
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 returning)		
FILE NOW!!! FEE IS \$180.00 After May 1, 2005 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVILA, JOSE R 13940 US 441 STE 904 LADY LAKE, FL 31259	
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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 the empowered.		
SIGNATURE: <u>Jose R. Davila</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Jose R. Davila 4/26/05 (352) 259-6646 Date Daytime Phone #