

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000053488

Entity Name: ADAM M. DAVIS, M.D., P.A.

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1428 BRICKELL AVENUE  
105  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1428 BRICKELL AVENUE  
105  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 20-0928407

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAVIS, ADAM M  
2101 BRICKELL AVE  
3503  
MIAMI, FL 33129 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: DAVIS, ADAM M  
Address: 2101 BRICKELL AVE #3503  
City-St-Zip: MIAMI, FL 33129

Title: D  
Name: PINO-DAVIS, VERONICA  
Address: 1428 BRICKELL AVE STE 105  
City-St-Zip: MIAMI, FL 33131

I hereby 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 all other like empowered.

SIGNATURE: ADAM M. DAVIS

DR.

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date