

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P92000009127

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Entity Name:** GAITHER G. DAVIS, M.D., P.A.

**Current Principal Place of Business:**

13910 LAKESHORE BLVD.  
SUITE 120  
HUDSON, FL 346671481 US

**New Principal Place of Business:**

**Current Mailing Address:**

13910 LAKESHORE BLVD.  
SUITE 120  
HUDSON, FL 346671481 US

**New Mailing Address:**

**FEI Number:** 59-3153406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, GAITHER G  
8504 KENTUCKY DERBY DR.  
ODESSA, FL 33556 US

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

DAVIS, GAITHER G  
1708 LAKE POLO DR.  
ODESSA, FL 33556 US

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: GAITHER G. DAVIS

03/24/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: DAVIS, GAITHER G  
Address: 1708 LAKE POLO DR.  
City-St-Zip: ODESSA, FL 33556

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: GAITHER G. DAVIS

D

03/24/2011

Electronic Signature of Signing Officer or Director

Date