

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra P. Mothman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000022810 (3)

1. Corporation Name

LYNN M. DAVIDSON, M.D., P.A.

Principal Place of Business

31922 U.S. HWY. 19 N.
SUITE 488
PALM HARBOR FL 34684

Mailing Address

31922 U.S. HWY. 19 N.
SUITE 488
PALM HARBOR FL 34684

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

DAVIDSON, LYNN M
31922 U.S. HWY. 19 N.
SUITE 488
PALM HARBOR FL 34684

3. Date the corporation or qualified
03/24/1994

3a. Date of Last Report
02/08/1995

4. FET Number

59-3231972

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.01(2)(c) and 607.01(5)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.01(5)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1 NAME
D DAVIDSON, LYNN M
2 STREET ADDRESS
31922 U.S. HWY. 19 N., SUITE 488
4 CITY-STATE-ZIP
PALM HARBOR FL 34684

5 TITLE ☐ DIRECTOR ☐ OFFICER

6 NAME ☐ DIRECTOR ☐ OFFICER

7 STREET ADDRESS

8 CITY-STATE-ZIP

9 TITLE ☐ DIRECTOR ☐ OFFICER

10 NAME ☐ DIRECTOR ☐ OFFICER

11 STREET ADDRESS

12 CITY-STATE-ZIP

13 TITLE ☐ DIRECTOR ☐ OFFICER

14 NAME ☐ DIRECTOR ☐ OFFICER

15 STREET ADDRESS

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