

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000002971

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

FILED
Mar 22, 2006
Secretary of State

Current Principal Place of Business:

4321 NORTH MACDILL AVE
SUITE 407
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

4321 NORTH MACDILL AVE
SUITE 407
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3354317

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEIL, SCHECHT
3426 W. KENNEDY BLVD
TAMPA, FL, FL 33609 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: MARK, DAVIS MD
Address: 4321 NORTH MACDILL AVE SUITE 407
City-St-Zip: TAMPA, FL 33607

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: DAVIS, MARK MD
Address: 4321 NORTH MACDILL AVE SUITE 407
City-St-Zip: TAMPA, FL 33607

Title: SECR () Change (X) Addition
Name: DAVIS, KRISTI SECRETA
Address: 4321 NORTH MACDILL AVE
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARK DAVIS

DR

03/22/2006

Electronic Signature of Signing Officer or Director

Date