## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000002971

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

FILED Apr 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4321 NORTH MACDILL AVE SUITE 407 TAMPA, FL 33607 **Current Mailing Address: New Mailing Address:** 4321 NORTH MACDILL AVE SUITE 407 TAMPA, FL 33607 FEI Number: 59-3354317 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEIL, SCHECHT NEIL, SCHECHT 3426 W. KENNEDY BLVD 3426 W. KENNEDY BLVD TAMPA, FL, FL 33609 TAMPA, FL 33609 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: 04/24/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition DAVIS, MARK MD Name: Name: 4321 NORTH MACDILL AVE SUITE 407 Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DAVIS, KRISTI SECRETA Name: 4321 NORTH MACDILL AVE Address: Address: TAMPA, FL 33607 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 DIR 04/24/2009