## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000009676 (3)

E.D. DAVIS, M.D., P.A.

Principal Place of Business

Mailing Address

**FILED** Feb 10 1998 8:00am Secretary of State



330 NORTH CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114			330 NORTH CLYDE MORRIS BLVD. DAYTONA BEACH FL 32114		DO NOT WRITE IN THIS	S SPACE
					<ol> <li>Date Incorporated or Qualified 01/23/1996</li> </ol>	
2. Principal Place of Business 21. 900 Big Tree Road 26. 900 Big Tree			D		4, FEI Number	Applied For
			ree K	oau ————————————————————————————————————	59-3360073	Not Applicable
Suite, Apt #		Suite, Apt #, etc.	7		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	South Daytona, FL 28 South Dayto				B. Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country 30 USA		8. This corporation owes or has paid the c	
24 3211 <sup>9</sup>		[29] 32119			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent	
9, 1						
DAVID, EDWIN D II 900 BIG TREE ROAD ,						
SOUTH DAYTONA FL 32114				82 Street Address (P.O. Box Number is Not Acceptable) 83		
	•		**	'		
			84	City	F	L 85 32119
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. 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 accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Simplified broad or product currie of percent good fell of another different and the CNOTE Registered Agent signature required when reinstating)  DATE						
	Signature, typod or product name of neutrinoid	ngent and telle if angle able (NOT NND DIRECTORS	E Flogistered Ap	ent signature re	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
12.	P	[] DELETE	1.5 THLE		P	Change Addition
NAME	DAVIS, E.D. M		1.2 NAME		Davis, E.D., M.D.	
STREET ADDRESS 330 NO CLYDE MORRIS BLVD.			1.3 STREE	T ADDRESS	900 Big Tree Road	
CITY-ST-ZIP	DAVEONA BEACH EL			ST-ZIP	South Daytona, FL 321	19
TITLE		DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADORESS			2.3 STREE	T ADDRESS		
CITY-ST-ZIP			2. 4 CITY	- ST - ZIP	- Little Street	
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY 4.1 TITLE	- ST- ZIP		Change Addition
TITLE	DELETE					Cusings C Addition
NAME			4. 2 NAM			,
STREET ADDRESS				T ADDRESS		
CHY-ST-ZIP		DELETE	4.4 City -	ST-ZIP		Change Addition
TITLE			5.1 TITLE	.		Charles Character
NAME			5.2 NAMI	T ADDRESS		
STREET ADDRESS				1		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY			Change Addition
1		C) bittie	6.2 NAME			
NAME OTREE ADDRESS				ET ADDRESS		
STREET ADDRESS			6.4 CITY			
CITY-ST-ZIP	cortily that the information sumpling	I with this filing does not qualify t	or the exem	ption stated	d in Section 119.07(3)(i), Florida Statutes. I further	certify that the information

indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attrictment with an address.