

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000009676

1. Entity Name  
E.D. DAVIS, M.D., P.A.



Principal Place of Business  
900 BIG TREE ROAD  
SOUTH DAYTONA, FL 32119 US

Mailing Address  
900 BIG TREE ROAD  
SOUTH DAYTONA, FL 32119 US



01032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3360073

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, EDWIN D II  
900 BIG TREE ROAD  
SOUTH DAYTONA, FL 32119

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

UD00000427041  
02/20/06-80068-005 150.00

10. OFFICERS AND DIRECTORS

**DO NOT WRITE  
IN THIS SPACE**

TITLE	P
NAME	DAVIS, E.D. MD
STREET ADDRESS	900 BIG TREE ROAD
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*E.D. Davis, M.D.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.D. DAVIS, M.D.

2/9/06

(386) 238-1468

Date

Daytime Phone #