## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P96000009676**

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



**FILED** Feb 01, 2008 08:00 Al Secretary of State

Principal Place of Business

900 BIG TREE ROAD SOUTH DAYTONA, FL 32119 US

Mailing Address

900 BIG TREE ROAD

SOUTH DAYTONA, FL 32119

US



## DO NOT WRITE IN THIS SPACE

01182008

No Chg-P

CR2E034 (11/05)

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				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  9. Election Campaign For Trust Fund Contribut			cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, E.D. MD 900 BIG TREE ROAD SOUTH DAYTONA, FL 32119				U00000809791 02/08/08-80035-019 150.00
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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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

OFFICER OR DIRECTOR