

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000009676

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

FILED
Mar 11, 2009
Secretary of State

Current Principal Place of Business:

900 BIG TREE ROAD
SOUTH DAYTONA, FL 32119 US

Current Mailing Address:

900 BIG TREE ROAD
SOUTH DAYTONA, FL 32119 US

New Principal Place of Business:

570 MEMORIAL CIRCLE
SUITE 330
ORMOND BEACH, FL 32174 US

New Mailing Address:

570 MEMORIAL CIRCLE
SUITE 330
ORMOND BEACH, FL 32174 US

FEI Number: 59-3360073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DAVIS, EDWIN D II
570 MEMORIAL CIRCLE
SUITE 330
ORMOND BEACH, FL 32174 US

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:

03/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIS, E.D. MD
Address: 900 BIG TREE ROAD
City-St-Zip: SOUTH DAYTONA, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, E.D. MD
Address: 570 MEMORIAL CIRCLE, SUITE 330
City-St-Zip: ORMOND BEACH, FL 32174

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: E.D. DAVIS, M.D.

P

03/11/2009

Electronic Signature of Signing Officer or Director

Date