

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90251 047 ***150.00

DOCUMENT # P98000006038

1. Entity Name

PHILLIP DAVIS, M.D., P.A.



Principal Place of Business

4352 TIDEWATER DR
ORLANDO FL 32812

Mailing Address

200 S. ORANGE AVE.
SUITE 2300
ORLANDO FL 32801

2. Principal Place of Business

9075 Point Cypress Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Or FL

City & State

Or FL

Zip

32836

Country

USA

Zip

32836

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

59-3493322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

A/G.C CO.
200 S. ORANGE AVE.
SUITE 2300
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME DAVIS, PHILLIP M.D.
STREET ADDRESS 4352 TIDEWATER DR
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 9075 Point Cypress Dr
CITY-ST-ZIP Or FL 32836

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILLIP DAVIS

4/28

4098760677

Date

Daytime Phone #

Attachment 44044504
BAKER
&
HOSTETLER LLP
COUNSELLORS AT LAW

200 SOUTH ORANGE AVENUE • SUNTRUST CENTER, SUITE 2300 • P.O. BOX 112 • ORLANDO, FLORIDA 32802-0112 • (407) 649-4000
FAX (407) 841-0168

April 30, 2004

Annual Report Filings
Division of Corporations
Post Office Box 6198
Tallahassee, Florida 32302-1500


Re: 2004 Annual Report for Phillip Davis, M.D., P.A.
Document No.: P98000006038

Dear Sir or Madam:

Enclosed please find the 2004 Profit Annual Report for the above-referenced entity. Also enclosed is a check in the amount of \$150.00 to cover the cost of the filing fee.

Thank you for your assistance in this matter. If you have any questions regarding the above, please do not hesitate to contact our office.

Very truly yours,


Sandra A. Mantzaris
Corporate Maintenance Coordinator

Enclosures

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