

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90412 049 ***150.00

DOCUMENT # P98000006038

1. Entity Name

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



Principal Place of Business

9075 POINT CYPRESS DR
ORLANDO FL 32836

Mailing Address

200 S. ORANGE AVE.
SUITE 2300
ORLANDO FL 32801



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

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

7. Name and Address of New Registered Agent

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

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, 2006 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME DAVIS, PHILLIP M.D.
STREET ADDRESS 9075 POINT CYPRESS DR
CITY-ST-ZIP ORLANDO FL 32836

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Phillip Davis MD

3/10

407 351 8587

ATTACHMENT

Baker Hostetler 50008652
#P9800006038

March 28, 2006

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

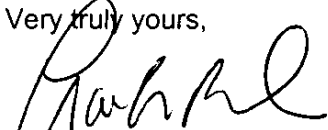
Re: *Phillip Davis, M.D., P.A.*
Client-Matter No. 25394-10574

Dear Sir or Madam:

Enclosed please find the 2006 Profit Corporation Uniform Business 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.

Should you have any questions regarding the enclosed, please do not hesitate to contact me.

Very truly yours,


Laurie L. Bergstresser
Paralegal

Baker & Hostetler LLP

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