

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000076350

FILED
Mar 31, 2008
Secretary of State

Entity Name: PHILLIP G. DAVIS, M.D., P.A.

Current Principal Place of Business:

16970 SAN CARLOS BLVD
SUITE 7
FORT MYERS, FL 33908

New Principal Place of Business:

7560 WINKLER RD
FORT MYERS, FL 33908

Current Mailing Address:

16970 SAN CARLOS BLVD
SUITE 7
FORT MYERS, FL 33908

New Mailing Address:

7560 WINKLER RD
FORT MYERS, FL 33908

FEI Number: 65-0860579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, PHILLIP G M.D.
16970 SAN CARLOS BLVD
SUITE 7
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

DAVIS, PHILLIP G M.D.
7560 WINKLER RD
FORT MYERS, FL 33908 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: PHILLIP G DAVIS, MD

03/31/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVIS, PHILLIP MD
Address: 16970 SAN CARLOS BLVD, STE 7
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVIS, PHILLIP MD
Address: 7560 WINKLER RD
City-St-Zip: FORT MYERS, FL 33908

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: KITTY DAVIS

MGR

03/31/2008

Electronic Signature of Signing Officer or Director

Date