


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000026098</b>	
1. Entity Name CYNTHIA DAVIS, M.D., P.A.	

Principal Place of Business 779 MEDICAL DRIVE SUITE 3 ENGLEWOOD, FL 34223	Mailing Address 779 MEDICAL DRIVE SUITE 3 ENGLEWOOD, FL 34223
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01292006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0906120	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  DAVIS, CYNTHIA M.D. 779 MEDICAL DRIVE SUITE 3 ENGLEWOOD, FL 34223
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000534580 05/08/06-80017-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, CYNTHIA 779 MEDICAL DR. STE 3 ENGLEWOOD, FL 34223
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12. 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 I/we empowered

<b>SIGNATURE:</b> <i>Cynthia Davis M.D.P.A.</i> <b>CYNTHIA DAVIS</b> <b>4-23-06</b> <b>941 475-5000</b>	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>
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