

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90149 010 ***150.00

0138483 AT

DOCUMENT # P99000070486

1. Entity Name

MARK J. DAVIS, M.D., P.A.



Principal Place of Business

**1951 B. TAMiami TRAIL
PORT CHARLOTTE FL 33948
US**

Mailing Address

**1951 B. TAMiami TRAIL
PORT CHARLOTTE FL 33948
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0937848

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 - Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CARR, DAROL H
2315 AARON ST.
PT. CHARLOTTE FL 33952**

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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, MARK J M.D. 1951 B. TAMiami TRAIL PT. CHARLOTTE FL 33952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Mark J. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/03

941 613 3800

Date

Daytime Phone #

CR2E034 (4/03)



Attachment
80147940
D99000070486

MARK J. DAVIS, M.D., P.A., F.A.A.O.S.
Certified American Board of Orthopedic Surgery
Fellow of American Academy of Orthopedic Surgeons
Fellowship Trained Joint Surgeon
First Board Certified, Fellowship Trained, Joint Surgeon in Charlotte County

1951-B Tamiami Trail • Port Charlotte, Florida 33948
(941) 613-3800 • Fax: 613-3804

September 10, 2003

To whom it may concern,

This letter is to inform you that my corporation did not receive prior notice and therefore request the late fee be waived.

Sincerely,

Mark J. Davis, M.D.
Certified, American Board of Orthopedic Surgery
Fellow, American Academy of Orthopaedic Surgeons