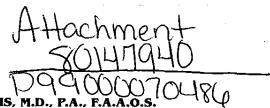
941 613 3800

## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED Sep 15, 2003 8:00 am Secretary of State			
DOCUMENT # P9900070486				>				
1. Entity Name MARK J. DAVIS, M.D., P.A.					09-15-2003 90149 0	10 ***150.0	00	
		(4)-	VE VE 105	7				
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 P	lace of Business	3. Mailing Address			t 100:100? lid culte iblit maiti detil dolli dat	ii ibbii belii bibei	16116 8111 1661	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4.	FEI Number 65-0937848	<del>- + -</del>	oplied For ot Applicable	
Zip	Country	Zip	_Country.	~- ~ 5.	Certificate of Status Desired	\$8.75 Add	litional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
CARR, DAROL H								
2315 AARON ST.			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
PT. CHARLOTTE FL 33952								
			City	<u> </u>	F	L Zip Code	e	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or regi	stered ac	gent, or both, in the State of Florida. I ar	n familiar with,	and accept	
SIGNATURE .	·			<del></del>				
	Signature, typed or printed name of registered agent a	nd title il applicable. (NOTI	E: Registered Agent signature rec		T	<del></del>		
After September 10, 2003 Fee will be \$750.00  Make Check Payable to Florida Department of State					Selection Campaign Financing     Trust Fund Contribution.		<b>0</b> May Be I to Fees	
10.	OFFICERS AND I	<del></del>	11,	ΑC	DDITIONS/CHANGES TO OFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVIS, MARK J M.D. 1951 B. TAMIAMI TRAIL PT. CHARLOTTE FL 33952	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Change	☐ Addition	
TITLE	TI. GIJANLOTTE TE 30302	□ Delete	TITLE	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME		2 5000	NAME					
STREET ADDRESS CITY-ST-ZIP	e de la compansa de l	ra i unorene con el co	STREET ADDRESS		النبارة فيمانون المصاف وميها والمجارية والمهارية المراجع والمسام		~ ^	
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS	•		NAME STREET ADDRESS		•			
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				[	
TITLE		☐ Delete	TITLE	<del></del> -		Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			-		
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
12. I hereby of indicated	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that m	the exemption stated in	he same	legal effect as if made under gath, that	lamían officer a	or director	





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

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