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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 320408

1. Entity Name

CHRISTOPHER M. DAVEY M.D. P.A.

700024803937
11/18/03--01045--028 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2099 NINTH ST N	2099 NINTH ST N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG FL	City & State: ST. PETERSBURG FL
Zip: 33704 Country: PINELLAS	Zip: 33704 Country: PINELLAS

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0032527 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: CHRISTOPHER M. DAVEY

Street Address (P.O. Box Number is Not Acceptable): 2099 NINTH ST. N

City: ST. PETERSBURG FL Zip Code: 33704

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing)

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CHRISTOPHER M. DAVEY
STREET ADDRESS	2099 NINTH ST N
CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E030A8 (1/2003)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR

ROME ASSOCIATES
CPAs/Business Consultants

611 26th St. W.
Bradenton, FL 34205
(941) 748-4556
Fax: (941) 749-0014

October 18, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

RE: Christopher Davey MD PA
2003 UBR S20408

Dear Sir or Madame;

Enclosed please find a copy resigned of the original UBR which was mailed with check #2899 in the amount of $150.00 on April 9, 2003.

We have reconciled the Doctors bank statements through 9-30-03 and this check has not cleared the bank.

We request that you abate the late filing fee and accept the enclosed replacement check with a copy of the Original filed UBR resigned.

We will not stop payment on the original check. If this check clears the bank we will forward a copy and ask for a refund.

Thanking you in advance for your consideration in this matter.

Sincerely,

Jamie Clark

Jamie Clark

encl