

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M83426

**Entity Name:** ROGERS & DAVIDSON, P.A.

**Current Principal Place of Business:**

4739 NW 53 AVE  
A  
GAINESVILLE, FL 32606

**Current Mailing Address:**

4739 NW 53 AVE  
A  
GAINESVILLE, FL 32606 US

**FEI Number:** 59-2884485

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROGERS, BRUCE JMD  
4739 NW 53 AVE  
SUITE A  
GAINESVILLE, FL 32606 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DPS  
Name           ROGERS, BRUCE J  
Address        4739 NW 53 AVE  
City-State-Zip: GAINESVILLE FL 32606

Title           TV  
Name           DAVIDSON, KIM M  
Address        4739 NW 53 AVE  
City-State-Zip: GAINESVILLE FL 32606

*I hereby 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 all other like empowered.*

**SIGNATURE:** BRUCE J ROGERS

**DIRECTOR**

**02/02/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date