

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000171381

**Entity Name:** SONNY DAVIS, D.M.D., P.A.

**Current Principal Place of Business:**

201 SE EGLIN PARKWAY  
FT. WALTON BEACH FL 32548

**Current Mailing Address:**

201 SE EGLIN PARKWAY  
FT. WALTON BEACH FL 32548

**FEI Number:** 20-2152534

**Certificate of Status Desired:** No

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

DAVIS, ELBERT RII  
201 SE EGLIN PARKWAY  
FT. WALTON BEACH FL 32548 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 DR  
Name DAVIS, ELBERT RII  
Address 201 SE EGLIN PARKWAY  
City-State-Zip: FT. WALTON BEACH FL 32548

*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:** DAVIS, ELBERT RII

**PRESIDENT**

**02/27/2023**

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

\_\_\_\_\_  
Date