

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000026098

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

**Current Principal Place of Business:**

779 MEDICAL DRIVE  
SUITE 3  
ENGLEWOOD, FL 34223

**Current Mailing Address:**

779 MEDICAL DRIVE  
SUITE 3  
ENGLEWOOD, FL 34223

**FEI Number:** 65-0906120

**Certificate of Status Desired:** No

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

DAVIS, CYNTHIA M.D.  
779 MEDICAL DRIVE  
SUITE 3  
ENGLEWOOD, FL 34223 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 P  
Name DAVIS, CYNTHIA  
Address 779 MEDICAL DR. STE 3  
City-State-Zip: ENGLEWOOD FL 34223

*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:** CYNTHIA DAVIS

**PRESIDENT**

**04/29/2013**

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

\_\_\_\_\_  
Date