2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 515828

1. *Entity Name*
JAMES C. COSMIDES, M.D., P.A.

Principal Place of Business	Mailing Address
427 BILTMORE WAY SUITE 107 CORAL GABLES, FL 33134	427 BILTMORE WAY SUITE 107 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1690555
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COSMIDES, JAMES C
427 BILTMORE WAY
SUITE 107
CORAL GABLES, FL 33134

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U00000095047
03/24/04-80016-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COSMIDES, JAMES C
STREET ADDRESS	427 BILTMORE WAY,STE 107
CITY-ST-ZIP	MIAMI, FL
TITLE	SD
NAME	COSMIDES, JAMES C.
STREET ADDRESS	427 BILTMORE WAY,STE 107
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	COSMIDES, JAMES C
STREET ADDRESS	427 BILTMORE WAY,STE 107
CITY-ST-ZIP	MIAMI, FL
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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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James C. Cosmides 03/20/2004 (305) 443-2994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #