

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90048 035 ***150.00

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1. Entity Name
GARY DOPSON, M.D., P.A.



Principal Place of Business
32 S 5TH ST
MACCLENNY, FL 32063

Mailing Address
32 S 5TH ST
MACCLENNY, FL 32063

14003466



DO NOT WRITE IN THIS SPACE

04102004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1731762

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DOPSON, GARY
32 S. 5TH STREET
MACCLENNY, FL 32063

**DO NOT WRITE
IN THIS SPACE**

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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DOPSON, GARY
STREET ADDRESS 81 NORTH THIRD ST.
CITY-ST-ZIP MACCLENNY FL,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #