

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90112 019 ***150.00

DOCUMENT # 530730 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		
2. Principal Place of Business 159 NORTH THIRD ST.		3. Mailing Address 159 NORTH THIRD ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MACCLENNY, FL		City & State MACCLENNY, FL		4. FEI Number 59-1731762	
Zip 32063		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOPSON, GARY 32 S. 5TH STREET MACCLENNY, FL 32063		7. Name and Address of New Registered Agent Name DOPSON, GARY Street Address (P.O. Box Number is Not Acceptable) 159 NORTH THIRD ST. City MACCLENNY FL Zip Code 32063			
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  DATE 4/29/05 <small>Signature typed & printed name of registered agent applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOPSON, GARY 81 NORTH THIRD ST. MACCLENNY FL,	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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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:  DATE 4/29/05 Daytime Phone #					