## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # 530730  1. Entity Name GARY DOPSON, M.D., P.A.						05-10-2005 90112 019 ***150.00				
Principal Place of Business Mailing Address										
32 S 5TH ST 32 S 5TH ST MACCLENNY, FL 32063 MACCLENNY, FL 32063					İ		• •			
						1 (1181) (11	EN INN NUMBER EN NUMBER HERRE	OCUM BOTAL DIVIN BITTA CATAL BIT	31 <b>23</b> 1 (4 200)	
Principal Place of Business     3. Mailing Address										
159 NORTH THIRD ST.   159 NORTH THIRD   Suite, Apt. #, etc.   Suite, Apt. #, etc.				51		03282005	Chg-P	CR2E034 (10/03)		
City & State City & State						4, FEI Numb		` '	oplied For	
MACCLENNY FL 1		MACCLENNY, FL				59-1731762 Not Applicable				
Zip Country 32063		Zip Country <b>32013</b>		itry		5. Certificate	of Status Desired	See Require		
	6. Name and Address of Current R		7. Name and Address of New Registered Agent							
DOPSON, GARY					Name DOPSON, GARY					
32 S. 5TH STREET MACCLENNY, FL 32063					Street Address (P.O. Bóx Number is Not Acceptable) 159 NORTH THIRD ST.					
								1 = =		
				City MACCLEMM FL Zip Code 32063					ຶ່ ເ 3	
8. The above named entity submits his 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 Y HOUSE CALLEN MAD								4/29/05		
Signature, speed a printed warne of registered-egon and the supplicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND D		11.	<u>-                                    </u>		ADDITIONS	/CHANGES TO OFF	ICERS AND DIRECTOR Change	S IN 11	
TITLE NAME	DOPSON, GARY	Celeta	TITL NAM					CHENIC	Audition	
STREET ADDRESS CITY-ST-ZIP	81 NORTH THIRD ST. MACCLENNY FL,			EET ADDRESS '-ST-ZIP	159		THIAS ST			
TITLE	WACCLEMAT FL,	☐ Delete	TITL.		MAC	cccemy,	FL 32013	☐ Change	☐ Addition	
NAME			NAM	-						
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP						
TITLE		☐ Oetete	ΠTL					☐ Change	Addition	
NAME STREET ADDRESS			NAM STR	EET ADDRESS						
CITY-ST-ZIP			CITY	r-ST-ZIP						
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CITY-ST-ZIP			_	r-ST-ZIP						
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CITY-ST-ZIP			_	r-ST-ZIP				☐ Change	Addition	
NAME		☐ Delete	TITE MAN	i				⊏î c⊬spiĝe		
STREET ADDRESS CITY-ST-ZBP			•	EET ADORESS (-ST-ZIP						
12   hereby	certify that the information supplied with	this filing does not qualify for	or the exe	emotion state	ed in Se	ction 119.07(3	)(i), Florida Statutes.	I further certify that the	information	
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 oddress, with all other like empowered.										