2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 600734

1. Entity Name
PRICE, HOFFMAN, STONE AND ASSOCIATES, M.D.'S, P.A.

Principal Place of Business	Mailing Address
747 6TH AVENUE SOUTH ST PETERSBURG, FL 33701 US	P.O. BOX 2698 WINDERMERE, FL 34786 US

01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1227496
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STONE, M.D. JAMES D
747 6TH AVENUE SOUTH
ST. PETERSBURG, FL 33701

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CALL, GLENN A
STREET ADDRESS	747 SIXTH AVENUE S
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	D
NAME	KNIGHT, GEORGE F
STREET ADDRESS	747 SIXTH AVENUE S
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	STD
NAME	STONE, JAMES D.
STREET ADDRESS	747 SIXTH AVENUE S.
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	D
NAME	PRICE, BRENT C.
STREET ADDRESS	747 SIXTH AVENUE S
CITY-ST-ZIP	ST PETERSBURG, FL
TITLE	D
NAME	O'BRIEN, JOHN J., JR.
STREET ADDRESS	747 SIXTH AVENUE S
CITY-ST-ZIP	ST PETERSBURG, FL
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: J Daniel Stone MD 1/17/04 7278983647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #