

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 618005

FILED
Apr 26, 2005
Secretary of State

Entity Name: NORMAN G. HOGER, M.D., P.A.

Current Principal Place of Business:

P.O. BOX 88
NEW PORT RICHEY, FL 346567088

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 88
NEW PORT RICHEY, FL 346567088

New Mailing Address:

FEI Number: 59-1896445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOGER, NORMAN G.
13916 TALMAGE LOOP
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOGER, NORMAN G.,
Address: 13916 TALMAGE LOOP
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: HOGER, NORMAN G.,
Address: 13916 TALMAGE LOOP
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN G. HOGER

MD

04/26/2005

Electronic Signature of Signing Officer or Director

Date