

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2004 8:00 am
Secretary of State

01-27-2004 90002 032 ***150.00

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1. Entity Name
JOHN P. HOCHÉ, M.D., P.A.

Principal Place of Business
1615 PASADENA AVE S
SUITE 300
ST PETERSBURG, FL 33707 US

Mailing Address
1615 PASADENA AVE S
SUITE 300
ST PETERSBURG, FL 33707 US

44004619



01102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1915605

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOCHÉ, JOHN P
1615 PASADENA AVE SOUTH
SUITE 300
ST PETERSBURG, FL

**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 reappointing)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HOCHÉ, JOHN P
1615 PASADENA AVE SOUTH
ST PETERSBURG, FL 33707

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

John Hoche

Jan 16, 2004

Date

727 381 9696

Daytime Phone #