

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 627800**  
 1. Entity Name  
 JOHN P. HOICHE, M.D., P.A.



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



01052005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
 59-1915605      Not Applicable

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

6. Name and Address of Current Registered Agent  
 HOICHE, JOHN P  
 1615 PASADENA AVE SOUTH  
 SUITE 300  
 ST PETERSBURG, FL

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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: *John Hoiche*      DATE: Jan 6, 2005  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOICHE, JOHN P 1615 PASADENA AVE SOUTH SAINT PETERSBURG, FL 33707
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 03/02/05-80033-002 150.00

**DO NOT WRITE 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)(f), 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: *John Hoiche*      Date: 1/5/5      Daytime Phone #: 727 381 9696  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR