

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 677389

**FILED**  
**Mar 18, 2004**  
**Secretary of State**

**Entity Name:** JAMES M. COOPER, M.D., P.A.

**Current Principal Place of Business:**

1515 NORTH FLAGLER DRIVE  
SUITE 800  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

4301 MAGNOLIA STREET  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

1515 NORTH FLAGLER DRIVE  
SUITE 800  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

4301 MAGNOLIA STREET  
PALM BEACH GARDENS, FL 33418

**FEI Number:** 59-2009213      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COOPER, JAMES M M.D.  
4301 MAGNOLIA STREET  
PALM BEACH GARDENS, FL 334183429

**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: DPST ( ) Delete  
Name: COOPER, JAMES M M.D.  
Address: 4301 MAGNOLIA DR  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: COOPER, JAMES M M.D.  
Address: 4301 MAGNOLIA STREET  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: M.D., JAMES M. COOPER

DPST

03/18/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date