

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90052 008 ***150.00

DOCUMENT # F65329			
1. Entity Name JACK S. COOPER, M.D., P.A.			
Principal Place of Business % JACK S. COOPER 1150 CAMPOSANO AVE CORAL GABLES, FL 33146		Mailing Address PO BOX 562287 MIAMI, FL 33156 US	
2. Principal Place of Business		3. Mailing Address 6300 S.W. 116 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI, FLA	
Zip	Country	Zip	Country
		33156	FLA
4. FEI Number 59-2154457		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COOPER, JACK S. 6300 SW 116 ST MIAMI, FL 33156		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Jacks Cooper M.D. P.A.</i>		DATE 1-6-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COOPER, JACK S 6300 SW 116 ST MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 <i>Jacks Cooper M.D. P.A.</i>		DATE 1-6-04 305 668-1516	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	