

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90058 024 ***150.00

DOCUMENT # G61540

1. Entity Name

**COOPER & COOPER MEDICAL DEVELOPERS
INCORPORATED**



Principal Place of Business

**561 GREENWAY DRIVE
NORTH PALM BEACH FL 33408
US**

Mailing Address

**561 GREENWAY DRIVE
NORTH PALM BEACH FL 33408
US**

2. Principal Place of Business

4050 SW 42 AVE

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City FL

City & State

Same

Zip

34990

Country

FL

Zip

34990

Country

FL

4. FEI Number

59-2341452

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



MOORE

CR2E034 (11/03)

6. Name and Address of Current Registered Agent

**COOPER, RICHARD G.
561 GREENWAY DR.
N PALM BCH. FL 33408**

7. Name and Address of New Registered Agent

Name **Donald G Cooper**

Street Address (P.O. Box Number is Not Acceptable)
4050 SW 42 AVE

City **Palm City** **FL** Zip Code **34990**

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☒ Delete
NAME **COOPER, RICHARD G**
STREET ADDRESS **561 GREENWAY DRIVE**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **PD** ☐ Delete
NAME **COOPER, DONALD G.**
STREET ADDRESS **4050 42 ND AVENUE**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **VP** ☒ Delete
NAME **COOPER, ROBERT L.**
STREET ADDRESS **8280 SE PALM HAMMOCK LANE**
CITY-ST-ZIP **HOBE SOUND FL 33455-8230**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☐ Change ☒ Addition
NAME **ELLEN C COOPER**
STREET ADDRESS **4050 SW 42 AVE**
CITY-ST-ZIP **Palm City FL 34990**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #