

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H35642

FILED
Feb 07, 2005
Secretary of State

Entity Name: JAMES D. HEMMIG, O.D., P.A.

Current Principal Place of Business:

4400 HWY 20 EAST, SUITE #112
NICEVILLE, FL 32578

New Principal Place of Business:

4400 HWY 20 EAST
SUITE 112
NICEVILLE, FL 32578

Current Mailing Address:

PO BOX 5039
NICEVILLE, FL 32578 US

New Mailing Address:

4400 HWY 20 EAST
SUITE 112
NICEVILLE, FL 32578 US

FEI Number: 59-2477304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEMMIG, JAMES D., O.D.
4400 HWY 20 EAST
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

HEMMIG, JAMES D., O.D.
4400 HWY 20 EAST
SUITE 112
NICEVILLE, FL 32578 US

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: _____

02/07/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HEMMIG, JAMES D., O., D.
Address: 4400 HWY 20 EAST
City-St-Zip: NICEVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES E HEMMIG

DR

02/07/2005

Electronic Signature of Signing Officer or Director

Date