

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # H55552	
1. Entity Name L.G. JAMES, D.M.D., PROFESSIONAL ASSOCIATION	

Principal Place of Business 4100 S HOSPITAL DR STE 208, THE MEDICAL III BLDG PLANTATION, FL 33317	Mailing Address 4100 S HOSPITAL DR STE 208, THE MEDICAL III BLDG PLANTATION, FL 33317
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04202005 No Chg-F CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2549495	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, H. T. 1017 NW 9TH CT MIAMI, FL 33136
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____

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-STATE-ZIP	PVS JAMES, L. G., D.M.D. 4100 S HOSPITAL DR, #208 PLANTATION, FL
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD JAMES, L. G., D.M.D. 4100 S HOSPITAL DR, #208 PLANTATION, FL
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04/26/05-80072-011 150.00

**DO NOT WRITE
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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:  21 April 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #