

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H77731

1. Entity Name  
JAMES W. ADKINS, M.D., P.A.



**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
2595 STATE ROAD 584  
SUITE R  
PALM HARBOR, FL 34684

Mailing Address  
2595 STATE ROAD 584  
SUITE R  
PALM HARBOR, FL 34684



03272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2583724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

JOHNSON, BRIAN E., ESQ.  
7190 SEMINOLE BLVD.  
SEMINOLE, FL 33542

**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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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-ST-ZIP	PST ADKINS, JAMES W. 2595 STATE RD 584 PALM HARBOR, FL
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U000000888248  
04/22/08-80005-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/08 727-765-8877  
Date Daytime Phone #