


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90515 025 ***150.00

DOCUMENT # M32548
 1. Entity Name
KENNETH R. HODOR, M.D., P.A.



Principal Place of Business
400 NORTH PINE ISLAND ROAD
SUITE 300
PLANTATION, FL 33324 US

Mailing Address
400 NORTH PINE ISLAND ROAD
SUITE 300
PLANTATION, FL 33324 US

50045276

2. Principal Place of Business
20295 N.E. 29 PL

3. Mailing Address
315 S.E. 17th AVE

Suite, Apt. #, etc.
300



04222005 Chg-P CR2E034 (10/03)

City & State
AVENTURA, FL

City & State
FT LAUDERDALE, FL

Zip
33180

Country
USA

Zip
33301

Country
USA

4. FEI Number
59-2685851

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HODOR, KENNETH R., DR.
9655 W BROWARD BLVD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
HODOR, KENNETH R.

Street Address (P.O. Box Number is Not Acceptable)
20295 NE 29 Pl, Suite 300

City
AVENTURA

State
FL

Zip Code
33180

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 *Kenneth R. Hodor, M.D.* DATE **4/26/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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-ST-ZIP	PD HODOR, KENNETH R. 9655 W BROWARD BLVD PLANTATION, FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HODOR, KENNETH R 315 SE 17 AVE FT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kenneth R. Hodor, M.D.* DATE: **04/26/05** DAYTIME PHONE #: **954 294-2244**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR