


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # M37715 1. Entity Name GERALD M. HOFFMAN, D.O., P.A.	
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Principal Place of Business C/O GERALD M. HOFFMAN 2811 FAIRWAY DR HOLLYWOOD, FL 33021	Mailing Address C/O GERALD M. HOFFMAN 2811 FAIRWAY DR HOLLYWOOD, FL 33021
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01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2710075	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 HOFFMAN, GERALD M. 2811 FAIRWAY DRIVE HOLLYWOOD, FL 33021	DO NOT WRITE IN THIS SPACE
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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 _____

**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	P HOFFMAN, GERALD M. 2811 FAIRWAY DRIVE HOLLYWOOD, FL 33021
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02/10/05-80067-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Gerald Hoffman GERALD HOFFMAN 02-06-05 954-287-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #