

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90155 038 \*\*\*150.00

**DOCUMENT # M38621**

1. Entity Name

JUBRAN A. HOCHÉ, M.D., P.A.



Principal Place of Business

C/O JUBRAN A. HOCHÉ  
3911 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021

Mailing Address

C/O JUBRAN A. HOCHÉ  
3911 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021



2. Principal Place of Business - No P.O. Box #

3800 JOHNSON ST.

3. Mailing Address

3800 JOHNSON ST

Suite, Apt. #, etc.

E

Suite, Apt. #, etc.

E

City & State

Hollywood FL.

City & State

Hollywood FL

Zip

33021

Country

USA

Zip

33021

Country

USA

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2715358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOCHÉ, JUBRAN A.  
3911 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME HOCHÉ, JUBRAN A.  
STREET ADDRESS 3911 HOLLYWOOD BLVD.  
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3800 JOHNSON ST. STE E  
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

JUBRAN A HOCHÉ

4/14/08

954-983 5631

Date

Daytime Phone #