04/29/2005 14:46 7724661258 FLJL

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90112 012 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000024593

1. Entity Name
JAMES C. DOZIER, M.D., P.A.

14016695

Principal Place of Business	Mailing Address
10129 SPYGLASS LANE PORT SAINT LUCIE, FL 34986	10129 SPYGLASS LANE PORT SAINT LUCIE, FL 34986

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
4420 12th manor SW		4420 12th manor SW	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Vero Beach, FL		City & State: Vero Beach, FL	
Zip: 32968	Country: USA	Zip: 32968	Country: USA

4. FEI Number: 65-0991124 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOZIER, JAMES C M.D.
10129 SPYGLASS LANE
PORT SAINT LUCIE, FL 34986

7. Name and Address of New Registered Agent

Name: James C. Dozier M.D.
Street Address (P.O. Box Number is Not Acceptable): 4420 12th manor SW
City: Vero Beach FL Zip Code: 32968

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 title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DOZIER, JAMES C M.D. 10129 SPYGLASS LANE PORT SAINT LUCIE, FL 34986	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Dozier, James C M.D 4420 12th manor SW Vero Beach, FL 32968	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4420 12 MANOR S.W. VERO BEACH Fl 32968	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: J C D president 5/1/05 7725679606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #