

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109748

FILED  
Jul 01, 2004  
Secretary of State

Entity Name: JAMES R. WORTHAM D.M.D., M.S., P.A.

**Current Principal Place of Business:**

1755 E HWY 50, STE B  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

1755 E HWY 50, STE B  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 20-0458805

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WORTHAM, KATHERINE  
1755 E HWY 50, STE B  
CLERMONT, FL 34711

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WORTHAM, JAMES R DMD, MS  
Address: 2821 LEXINGTON CT  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: WORTHAM, JAMES R DMD, MS  
Address: 829 HAMMOCKS DR  
City-St-Zip: OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R WORTHAM

DR

07/01/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date