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## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000109748

1. Entity Name

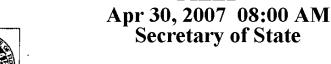
JAMES R. WORTHAM D.M.D., M.S., P.A.



Principal Place of Business
1755 E HWY 50, STE B
CLERMONT, FL 34711

Mailing Address

1755 E HWY 50, STE B CLERMONT, FL 34711



**FILED** 



DO NOT WRITE IN THIS SPACE

04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0458805

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with.	and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little r	f applicable (NOTE: Régisteres	d Agent signature	required when reinstating)	DATE	<del></del>
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution	cing	\$5.00 May Be Added to Fees		1.00
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR WORTHAM, JAMES R DMD, MS 829 HAMMOCKS DR OCOEE, FL 34761				•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN "	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME		,				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 appear with ag addicest. With all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

AMES & WORT HAM

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/07 352 394010

Daytime Phone #