## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 10, 2005 08:00 AM **DOCUMENT # P94000090498** Secretary of State RICHARD A. HODES D.P.M., P.A. Mailing Address Principal Place of Business 11137 NW 10 PL 11137 NW 10 PL CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 CR2E034 (10/03) 01052005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0542564 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HODES, RICHARD A DO NOT WRITE 11137 NW 10 PL CORAL SPRINGS, FL 33071 IN THIS SPACE 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) \$5.00 May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS U00000175131 10. PSD 01/10/05-80040-001 150.00 TITLE HODES, RICHARD A 11137 NW 10 PL STREET ADDRESS CORAL SPRINGS, FL 33071 CITY-ST-ZIP TITLE KALIF STREET ADDRESS CITY-51-712 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE

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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNA

RICHARD A. HODES

16/05

954-721-1992

Daytime Phone #

**FILED**