

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000063062

Entity Name: PHILIP HOPKINS, M.D., P.A.

FILED  
Mar 24, 2009  
Secretary of State

**Current Principal Place of Business:**

461 MALLARD LN  
INDIALANTIC, FL 329034735 US

**New Principal Place of Business:**

**Current Mailing Address:**

461 MALLARD LN  
INDIALANTIC, FL 329034735 US

**New Mailing Address:**

FEI Number: 65-0601112      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

NICHOLAS, JAMES M ESQ.  
1815 S, PATRICK DRIVE  
INDIAN HARBOUR BEACH, FL 32937 US

**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: DR. ( ) Delete  
Name: HOPKINS, PHILIP  
Address: 461 MALLARD LN  
City-St-Zip: INDIALANTIC, FL

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PHILIP B. HOPKINS, III, MD

PRES

03/24/2009

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

\_\_\_\_\_ Date