
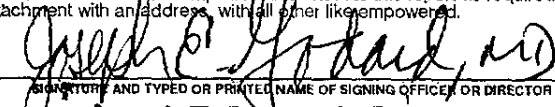


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000009555 1. Entity Name JOSEPH E. GODARD, M.D., P.A.					
Principal Place of Business 4387 S SEA MIST DRIVE NEW SMYRNA BEACH FL 32169			Mailing Address 4387 S SEA MIST DRIVE NEW SMYRNA BEACH FL 32169		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3360955 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BAILEY & TRUMBO, P.A. 340 NORTH CAUSEWAY NEW SMYRNA BEACH FL 32169	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTS GODARD, JOSEPH E 4387 S SEA MIST DRIVE NEW SMYRNA BEACH FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	C/D GODARD, JOSEPH E 4387 S SEA MIST DRIVE NEW SMYRNA BEACH FL 32169 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000220204 02/08/05-80060-007 158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Joseph E. Godard, M.D.			Date: 02/05/2005 (386) 426-6668 Daytime Phone #		