

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90681 036 \*\*\*150.00

**DOCUMENT # P96000011110**

1. Entity Name

MICHELE J. HODKIN, P.A.



Principal Place of Business

7900 GLADES RD  
#650  
BOCA RATON FL 33434  
US

Mailing Address

7900 GLADES RD  
#650  
BOCA RATON FL 33434  
US

94050966



MOORE CR2E034 (11/03)

2. Principal Place of Business

2295 CORPORATE BLVD NW  
SUITE 110  
BOCA RATON FL

3. Mailing Address

2295 CORPORATE BLVD NW  
SUITE 110  
BOCA RATON FL

City & State

BOCA RATON FL  
33431 USA

City & State

BOCA RATON FL  
33431 USA

4. FEI Number 65-0636512

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HODKIN, MICHELE J  
7900 GLADES RD  
STE 650  
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name: HODKIN, MICHELE J  
Street Address (P.O. Box Number is Not Acceptable): 2295 CORPORATE BLVD, NW  
SUITE 110  
City: BOCA RATON FL Zip Code: 33431

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: *Michele J. Hodkin*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 2/13/04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PTD  
NAME: HODKIN, MICHELE J  
STREET ADDRESS: 7900 GLADES RD-STE 650  
CITY-ST-ZIP: BOCA RATON FL 33431 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
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CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PTD  
NAME: HODKIN, MICHELE J  
STREET ADDRESS: 2295 CORPORATE BLVD, NW  
CITY-ST-ZIP: BOCA RATON FL 33431 ☒ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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: *Michele J. Hodkin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/04 5614775755