


**FILED**

**Feb 18, 1999 8:00am**  
**Secretary of State**

02-18-1999 90073 006 \*\*\*150.00

<p><b>PROFIT CORPORATION ANNUAL REPORT 1999</b></p>		<p>FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS</p>
---	---	--

DOCUMENT # P97000103400  
1. Corporation Name  
JAMES R. HODGE, P.A.

Principal Place of Business	Mailing Address
542 NORTH U.S. ONE TEQUESTA FL 33469	542 NORTH U.S. ONE TEQUESTA FL 33469

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent		81	Name
HODGE, JAMES R D.M.D.		82	Street Address
542 NORTH U.S. ONE			
TEQUESTA FL 33469			

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/08/1997

4. FEI Number 65-0801960	Applied For
	Not Applicable

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

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

s (P.O. Box Number is Not Acceptable)

I, \_\_\_\_\_, a resident of the State of Florida, being duly sworn, depose and say that I am familiar with the provisions of Sections 607.3502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	

NAME	HODGE, JAMES R D.M.D.	1.1 TITLE	
STREET ADDRESS	542 NORTH U.S. ONE	1.2 NAME	
CITY-ST-ZIP	TEQUESTA FL 33469	1.3 STREET ADDRESS	
TITLE		1.4 CITY-ST-ZIP	
NAME		2.1 TITLE	
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
TITLE		2.4 CITY-ST-ZIP	
NAME		3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE		6.4 CITY-ST-ZIP	

4. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

CR2E034 (11/98)

SIGNATURE: SIGNATURE James R. Holt 1-22-99 561-745-1174  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR