


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 29, 2005 8:00 A.M.
Secretary of State

DOCUMENT # P97000103400 1. Entity Name JAMES R. HODGE, P.A.					
Principal Place of Business 542 NORTH U.S. ONE TEQUESTA, FL 33469			Mailing Address 542 NORTH U.S. ONE TEQUESTA, FL 33469		
2. Principal Place of Business 1131 Keystone Dr Apt C Jupiter FL		3. Mailing Address 1131 Keystone Dr Apt C Jupiter FL			
City & State Jupiter FL		City & State Jupiter FL			
Zip 33458		Country USA		Zip 33458	
Country USA		4. FEI Number 65-0801960			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HODGE, JAMES R D.M.D. 542 NORTH U.S. ONE TEQUESTA, FL 33469			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1131 Keystone Dr Apt C City Jupiter FL Zip Code 33458		
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 <u>See below</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGE, JAMES R D.M.D. 542 NORTH U.S. ONE TEQUESTA, FL 33469 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1131 Keystone Dr. Apt C Jupiter FL 33458	
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 600050302956 04/11/05--01005--017 **900.00	
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)(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: <u>James R Hodge</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/18/05 Daytime Phone # 561-575-3949		

TALLAHASSEE
REINSTATEMENT 04-05



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