

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90032 022 ***150.00

DOCUMENT # P98000061711

1. Entity Name
TERRENCE T. HOPKINS, P.A.



Principal Place of Business
3103 MANATEE AVE W
BRADENTON, FL 34205

Mailing Address
3103 MANATEE AVE W
BRADENTON, FL 34205

2. Principal Place of Business - No P.O. Box #
6011 Cortez Rd W

3. Mailing Address
6011 Cortez Rd W

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bradenton, FL

City & State
Bradenton, FL

Zip
34210

Country
USA

Zip
34210

Country
USA



02142007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3525734

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HOPKINS, TERRENCE T MD
12170.7TH STREET EAST
TREASURE ISLAND, FL 33706

7. Name and Address of New Registered Agent

Name
Hopkins, Terrence T MD

Street Address (P.O. Box Number is Not Acceptable)
4004 Commadore Blvd

City
Cortez FL Zip Code
34215

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/20/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
HOPKINS, TERRENCE T MD
4004 COMMADORE BLVD
CORTEZ, FL 34215 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WEHR, SUSAN M
4004 COMMADORE BLVD
CORTEZ, FL 34215 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

2/20/07 941 792 5040
Date Daytime Phone #