2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000092493

1. Entity Name
DR. JAY G. RHODES, P.A.

Principal Place of Business	Mailing Address
5642 WEST ATLANTIC BOULEVARD MARGATE, FL 33063	5642 WEST ATLANTIC BOULEVARD MARGATE, FL 33063

02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0955123

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRONCHICK, KENNETH C
TRADE CENTREE SOUTH
100 W. CYPRESS CRK RD. #910
FORT LAUDERDALE, FL 33309

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	RHODES, JAY G DPM
STREET ADDRESS	5642 WEST ATLANTIC BOULEVARD
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VP
NAME	MIDKIFF, DENISE
STREET ADDRESS	5642 WEST ATLANTIC BOULEVARD
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	S
NAME	SIDEROFSKY, RUTH
STREET ADDRESS	5642 WEST ATLANTIC BOULEVARD
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	T
NAME	RHODES, SYLVIA
STREET ADDRESS	5642 WEST ATLANTIC BOULEVARD
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jay G Rhodes 2/10/04 954 914 3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #