


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 11, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000092493</b> 1. Entity Name DR. JAY G. RHODES, P.A.	
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Principal Place of Business 5642 WEST ATLANTIC BOULEVARD MARGATE, FL 33063	Mailing Address 5642 WEST ATLANTIC BOULEVARD MARGATE, FL 33063
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05082007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0955123	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

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

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05/29/07-80046-005 150.00

**DO NOT WRITE  
IN THIS SPACE**

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**

Date

Daytime Phone #