

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000092493**

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



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

Mailing Address  
5642 WEST ATLANTIC BOULEVARD  
MARGATE, FL 33063



04302008 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 ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BRONCHICK, KENNETH C  
1761 W. HILLSBORO BLVD  
STE #205  
DEERFIELD BEACH, FL 33442

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

U000000940316  
05/28/08-80061-022 150.00

**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

**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 #

4/30/08 954 974 3535