

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K67898

FILED
Jan 12, 2006
Secretary of State

Entity Name: RICHARD M. HAYS, M.D., P.A.

Current Principal Place of Business:

5700 LAKE WORTH RD
STE 103
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

1675 PALM BEACH LAKES BLVD STE 700
WEST PALM BEACH, FL 33401 US

New Mailing Address:

5700 LAKE WORTH ROAD,
SUITE 103
LAKE WORTH, FL 33463 US

FEI Number: 65-0102607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAMBER, CATHY L.
1675 PALM BEACH LAKES BLVD STE 700
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 US

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.

SIGNATURE: PAUL SMITH, V.P.

01/12/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAYS, RICHARD M.,
Address: C/O 1530 N. FEDERAL HWY.
City-St-Zip: LAKE WORTH, FL

Title: V () Delete
Name: KAUFMANN-HAYS, DEBBIE
Address: C/O 1530 N FEDERAL HIGHWAY
City-St-Zip: LAKE WORTH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HAYS, RICHARD M
Address: 5700 LAKE WORTH ROAD, SUITE 103
City-St-Zip: LAKE WORTH, FL 33463 US

Title: VP (X) Change () Addition
Name: KAUFMANN-HAYS, DEBBIE
Address: 5700 LAKE WORTH ROAD, SUITE 103
City-St-Zip: LAKE WORTH, FL 33463 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD M. HAYS MD

PD

01/12/2006

Electronic Signature of Signing Officer or Director

Date