2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007
Secretary of State

DOCUMENT# K67898

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:

1397 MEDICAL PARK BOULEVARD
STE 220
WELLINGTON, FL 33414 US

Current Mailing Address:

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

New Mailing Address:

1397 MEDICAL PARK BOULEVARD
SUITE 220
WELLINGTON, FL 33414 US

FEI Number: 65-0102607 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HAYS, RICHARD M
Address: 1397 MEDICAL PARK BOULEVARD, SUITE 220
City-St-Zip: WELLINGTON, FL 33414 US

Title: SEC (X) Change ( ) Addition
Name: KAUFMANN-HAYS, DEBBIE
Address: 1397 MEDICAL PARK BOULEVARD, SUITE 220
City-St-Zip: WELLINGTON, FL 33414 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 02/15/2007

Electronic Signature of Signing Officer or Director Date