

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K67898

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

**Current Principal Place of Business:**

1397 MEDICAL PARK BOULEVARD  
STE 220  
WELLINGTON, FL 33414

**Current Mailing Address:**

1397 MEDICAL PARK BOULEVARD  
SUITE 220  
WELLINGTON, FL 33414 US

**FEI Number:** 65-0102607

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.  
5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FL 33411-0000 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PD	Title	SEC
Name	HAYS, RICHARD M	Name	KAUFMANN-HAYS, DEBBIE
Address	1397 MEDICAL PARK BOULEVARD, SUITE 220	Address	1397 MEDICAL PARK BOULEVARD, SUITE 220
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414

*I hereby 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 all other like empowered.*

**SIGNATURE:** RICHARD M HAYS

PD

01/13/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date