

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 276657</b> 1. Entity Name <b>HICKORY MEDICAL BUILDING INC</b>			
Principal Place of Business <b>1251 S. HICKORY STREET MELBOURNE, FL 32901</b>		Mailing Address <b>1251 S. HICKORY STREET MELBOURNE, FL 32901</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>302 E. Melbourne Ave</b> Suite, Apt. #, etc.	
City & State <b>MELBOURNE FL</b>		City & State <b>MELBOURNE FL</b>	
Zip <b>32901</b>	Country <b>USA</b>	4. FEI Number <b>59-1059790</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>GAYDEN, MARY B 1955 N. HIGHWAY A1A INDIALANTIC, FL 32903</b>		7. Name and Address of New Registered Agent Name <b>KARL T. KAMINSKI</b> Street Address <b>302 E. Melbourne Ave</b> City <b>MELBOURNE FL</b> Zip Code <b>32901</b>	
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 <i>Karl T. Kaminski</i> DATE <b>4-1-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>600097963396</b> <b>04/23/07--01018--017 **70.00</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>P KAMINSKI, JAMES G 159 E. CORAL WAY INDIALANTIC, FL 32903</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PRESIDENT KARL T. KAMINSKI 302 E. MELBOURNE AVE MELBOURNE, FL 32901</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D KAMINSKI, KARL T 302 E. MELBOURNE AVENUE MELBOURNE, FL 32901</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D JAMES G. KAMINSKI 159 E. CORAL WAY INDIALANTIC, FL 32903</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>V GAYDEN, D. BRYAN 401 MICHIGAN AVENUE INDIALANTIC, FL 32903</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP (Blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>ST GAYDEN, MARY B 1955 N. HIGHWAY A1A INDIALANTIC, FL 32903</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>ST KAY J. KAMINSKI 2291 BROOKSHIRE CIRCLE WEST MELBOURNE, FL 32904</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D CABLE, MARILYN K 6614 GRENVILLE ROAD TALLAHASSEE, FL 32308</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>8/24/12</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D ARMSTEAD, CAROLYN J 732 N.W. HARRIS LANE DR. LAKE CITY, FL 32055</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP (Blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <i>Karl T. Kaminski</i> <b>4-1-07</b> <b>561-722-2447</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

