

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 276657 1. Entity Name HICKORY MEDICAL BUILDING INC			
Principal Place of Business 1251 S. HICKORY STREET MELBOURNE, FL 32901		Mailing Address 1251 S. HICKORY STREET MELBOURNE, FL 32901	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address 302 E. Melbourne Ave Suite, Apt. #, etc. City & State Zip	
			
		03202007 Chg-P CR2E034 (12/06)	
4. FEI Number 59-1059790		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GAYDEN, MARY B 1955 N. HIGHWAY A1A INDIALANTIC, FL 32903		7. Name and Address of New Registered Agent Name KARL T. KAMINSKI Street Address (P.O. Box number is Not Acceptable) 302 E. MELBOURNE AVE City MELBOURNE FL Zip Code 32901	
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 4-1-07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$5.00 May Be Added to Fees	
		600097963396 04/23/07--01018--017 **70.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	<input checked="" type="checkbox"/> Delete	
NAME	KAMINSKI, JAMES G		PRESIDENT
STREET ADDRESS	159 E. CORAL WAY		KARL T. KAMINSKI
CITY-ST-ZIP	INDIALANTIC, FL 32903		302 E. MELBOURNE AVE MELBOURNE, FL 32901
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	KAMINSKI, KARL T		D
STREET ADDRESS	302 E. MELBOURNE AVENUE		JAMES G. KAMINSKI
CITY-ST-ZIP	MELBOURNE, FL 32901		159 E. CORAL WAY INDIALANTIC, FL 32903
TITLE	V	<input type="checkbox"/> Delete	
NAME	GAYDEN, D. BRYAN		
STREET ADDRESS	401 MICHIGAN AVENUE		
CITY-ST-ZIP	INDIALANTIC, FL 32903		
TITLE	ST	<input checked="" type="checkbox"/> Delete	
NAME	GAYDEN, MARY B		ST
STREET ADDRESS	1955 N. HIGHWAY A1A		KLAY J. KAMINSKI
CITY-ST-ZIP	INDIALANTIC, FL 32903		2291 BROOKSHIRE CIRCLE WEST MELBOURNE, FL 32904
TITLE	D	<input type="checkbox"/> Delete	
NAME	CABLE, MARILYN K		
STREET ADDRESS	6614 GRENVILLE ROAD		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		
TITLE	D	<input type="checkbox"/> Delete	
NAME	ARMSTEAD, CAROLYN J		
STREET ADDRESS	732 N.W. HARRIS LANE DR.		
CITY-ST-ZIP	LAKE CITY, FL 32055		
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: <i>Karl T. Kaminski</i>		Date 4-1-07 Daytime Phone # 561-922-2447	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	