


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

|  |  |                                       |   |  |  |
|--|--|---------------------------------------|---|--|--|
| <b>DOCUMENT # 562225</b><br>1. Entity Name<br><b>JOHN B. HAMPTON, M.D., P.A.</b>   |  |                                       |   |    |  |
| Principal Place of Business<br><b>2405 W AZEELE ST<br/>TAMPA FL 33609<br/>US</b>   |  |                                       | Mailing Address<br><b>2405 W AZEELE ST<br/>TAMPA FL 33609<br/>US</b>  |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |                                       | 3. Mailing Address<br>Suite, Apt. #, etc.   |  |  |
| City & State   |  |                                       | City & State  |  |  |
| Zip  |  | Country                               |   | 4. FEI Number <b>59-1807645</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b> |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HAMPTON, JOHN B MD<br/>2405 W AZEELE ST<br/>TAMPA FL 33609</b>   |  |                                       |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when resigning)   |  |                                       |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  |                                       | 9. Election Campaign Financing <b>\$5.00 May</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fee</b> |  |  |
| 10. OFFICERS AND DIRECTORS   |  |                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE <b>P</b> <input type="checkbox"/> Delete<br>NAME <b>HAMPTON, JOHN B.</b><br>STREET ADDRESS <b>2405 W AZEELE ST</b><br>CITY-ST-ZIP <b>TAMPA FL 33609</b>  |  |                                       | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               |  |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |                                       | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               |  |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |                                       | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               |  |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |                                       | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               |  |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |                                       | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               |  |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |                                       | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>John B. Hampton, M.D.</i> JOHN B. HAMPTON, M.D. 3/23/2006 813 253-0</b>   |  |                                       |   |  |  |