

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 592634

FILED
Jan 14, 2009
Secretary of State

Entity Name: HILL, HARPER AND PAREDES, P.A.

Current Principal Place of Business:

2452 MAHAN DRIVE
STE 101
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2452 MAHAN DRIVE
STE 101
TALLAHASSEE, FL 32308

New Mailing Address:

2452 MAHAN DRIVE
STE 101
TALLAHASSEE, FL 32308

FEI Number: 59-1861401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301 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: HILL, H. LOUIS, JR., MD.,
Address: 2452 MAHAN DRIVE ST 101
City-St-Zip: TALLAHASSEE, FL

Title: VD () Delete
Name: HARPER, LARRY MD
Address: 2452 MAHAN DRIVE STE 101
City-St-Zip: TALLAHASSEE, FL

Title: S () Delete
Name: FLORA, SHARON
Address: 2452 MAHAN DRIVE ST 101
City-St-Zip: TALLAHASSEE, FL 32308

Title: VP () Delete
Name: PAREDES, ALFREDO A
Address: 2452 MAHAN DRIVE ST 101
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: FLORA, SHARON
Address: 2452 MAHAN DRIVE STE 101
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify 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: LOUIS HILL

PD

01/14/2009

Electronic Signature of Signing Officer or Director

Date