

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 592634

FILED  
Mar 19, 2010  
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:**

2452 MAHAN DRIVE  
STE 101  
TALLAHASSEE, FL 32308 US

**Current Mailing Address:**

2452 MAHAN DRIVE  
STE 101  
TALLAHASSEE, FL 32308

**New Mailing Address:**

2452 MAHAN DRIVE  
STE 101  
TALLAHASSEE, FL 32308 US

**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  
Name: PAREDES, JR, ALFREDO A MD  
Address: 2452 MAHAN DRIVE STE 101  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VD  
Name: HARPER, LARRY L MD  
Address: 2452 MAHAN DRIVE STE 101  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: S  
Name: GRAY, BETTY L  
Address: 2452 MAHAN DRIVE ST 101  
City-St-Zip: TALLAHASSEE, FL 32308 US

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:** LARRY L. HARPER, MD

VD

03/19/2010

Electronic Signature of Signing Officer or Director

Date