2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 600201

1. Entity Name
GORDON E. HILL, M.D. P.A.

Principal Place of Business	Mailing Address
969 CARRIBEAN DR., EAST SUMMERLAND KEY, FL 33042 US	969 CARRIBEAN DR., EAST SUMMERLAND KEY, FL 33042 US

DO NOT WRITE IN THIS SPACE

FILED
Jan 24, 2004 08:00 AM
Secretary of State

01212004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1024853	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, DAVID C
969 CARRIBEAN DRIVE EAST
SUMMERLAND KEY, FL 33042

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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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2004 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HILL, GORDON E M.D.
STREET ADDRESS	2175 CORAL WAY
CITY-ST-ZIP	BIG PINE KEY, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Gordon E Hill md Pres_ Gordon E Hill md   1/21/04   305-745-3189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #