

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90059 007 ***150.00

40021694



02142005 Chg-P CR2E034 (10/03)

DOCUMENT # 601995 1. Entity Name ROBERT L. HUDGINS, M.D., P.A.						
Principal Place of Business 2700 RIVERSIDE AVE SUITE 8 JACKSONVILLE, FL 32205			Mailing Address 2700 RIVERSIDE AVE SUITE 8 JACKSONVILLE, FL 32205			
2. Principal Place of Business 895 Kingsley Ave.		3. Mailing Address 2500 Monument Rd.				
Suite, Apt. #, etc. Ste. 903		Suite, Apt. #, etc. Ste. 104				
City & State Orange Park, FL		City & State Jacksonville, FL		4. FEI Number 59-1285427		
Zip 32073		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip 32073		Country USA		6. Name and Address of Current Registered Agent HUDGINS, ROBERT L. 2700 RIVERSIDE AVE SUITE 8 JACKSONVILLE, FL 32204		
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2500 Monument Rd., Ste. 104		City Jacksonville				
State FL		Zip Code 32225				
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 reinstating) DATE _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUDGINS, ROBERT L. 2700 RIVERSIDE AVE, STE 8 JACKSONVILLE, FL 32205		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2500 Monument Rd., Ste. 104 Jacksonville, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>Robert L. Hudgins</i>			Robert L. Hudgins, M.D. (904) 285-3184			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/16/05 Daytime Phone #			