


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90039 045 \*\*\*150.00

<b>DOCUMENT # 601995</b> 1. Entity Name <b>ROBERT L. HUDGINS, M.D., P.A.</b>			
Principal Place of Business <b>414 PONTE VEDRA BLVD.</b> <b>PONTE VEDRA BEACH, FL 32082 US</b>		Mailing Address <b>2500 MONUMENT RD STE 104</b> <b>JACKSONVILLE, FL 32225</b>	
2. Principal Place of Business - No P.O. Box # <b>537 LeMaster Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2771-29 Monument Rd.</b> Suite, Apt. #, etc. <b>PMB 410</b>	
City & State <b>Ponte Vedra Bch., FL</b>		City & State <b>Jacksonville, FL</b>	
Zip <b>32082</b>	Country	Zip <b>32225</b>	Country
4. FEI Number <b>59-1285427</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HUDGINS, ROBERT L.</b> <b>2500 MONUMENT RD STE 104</b> <b>JACKSONVILLE, FL 32225</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  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 _____ <small>Signature: Typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when re-registering) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	NAME <b>HUDGINS, ROBERT L</b>	TITLE <b>X Change</b>	NAME <b>2771-29 Monument Rd., PMB 410</b>
STREET ADDRESS <b>2500 MONUMENT RD STE 104</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32225</b>	STREET ADDRESS <b>2771-29 Monument Rd., PMB 410</b>	CITY-ST-ZIP <b>Jacksonville, FL 32225</b>
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>	TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>	TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>	TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>	TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>
TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>	TITLE <b>NAME</b>	STREET ADDRESS <b>CITY-ST-ZIP</b>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <b>2/17/07</b>	