


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90026 043 ***150.00

DOCUMENT # 603029

1. Entity Name
CALVIN H. HUDSON M.D., P.A.



Principal Place of Business Mailing Address
800 LOMAX ST STE 118 **800 LOMAX ST STE 118**
JACKSONVILLE FL 32204 **JACKSONVILLE FL 32204**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1357193** Applied For
 Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

HUDSON, CALVIN H
800 LOMAX ST STE 118
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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 _____
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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** Delete
 NAME **HUDSON, CALVIN H**
 STREET ADDRESS **4310 ROBERT GORDON RD.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PRESIDENT** Change Addition
 NAME **CALVIN H HUDSON**
 STREET ADDRESS **SOS LANCASTER ST. # BA,B**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **S** Delete
 NAME **JIMMYE, MANN**
 STREET ADDRESS **9482 BEAUCLERC COVE RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE **SECRETARY** Change Addition
 NAME **ELLEN-L HUDSON**
 STREET ADDRESS **SOS LANCASTER ST # BA,B**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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: *Calvin Hudson* **1/22/04** **904-356-5918**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #