

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**


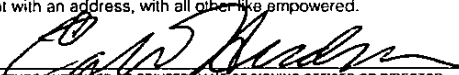
**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90042 007 \*\*\*150.00

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01192005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # 603029</b>				
1. Entity Name CALVIN H. HUDSON M.D., P.A.				
Principal Place of Business 800 LOMAX ST STE 118 JACKSONVILLE, FL 32204 US		Mailing Address 800 LOMAX ST STE 118 JACKSONVILLE, FL 32204 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 <input type="checkbox"/> \$8.75 Additional Fee Required
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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	<b>SECRETARY</b> HUDSON, CALVIN H 505 LANCASTER ST #8A B JACKSONVILLE, FL 32204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUDSON, ELLEN L 505 LANCASTER ST #8A B JACKSONVILLE, FL 32204	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: 		1/31/05	904356-5919	Date
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>	