


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 603029
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

DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1357193

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HUDSON, CALVIN H
800 LOMAX ST STE 118
JACKSONVILLE, FL 32204

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

U00000590353
01/18/07-80053-005 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS HUDSON, CALVIN H 505 LANCASTER ST #8A B JACKSONVILLE, FL 32204
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IN THIS SPACE**

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 a address, with all other like empowered.

SIGNATURE: Calvin H Hudson CALVIN H HUDSON 1/4/07 904 3565919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #