

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603029

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** CALVIN H. HUDSON M.D., P.A.

**Current Principal Place of Business:**

800 LOMAX ST STE 118  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

800 LOMAX ST STE 118  
JACKSONVILLE, FL 32204 US

**New Mailing Address:**

FEI Number: 59-1357193      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: HUDSON, CALVIN H  
Address: 505 LANCASTER ST #8A B  
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CALVIN H HUDSON

PRES

01/07/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date