

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90049 028 \*\*\*150.00

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02082006 Chg-P CR2E034 (11/05)

DOCUMENT # 631668			
1. Entity Name GEOFFREY W. HILL, M.D., P.A.			
Principal Place of Business 6010 POINTE WEST BLVD. BRADENTON, FL 34209		Mailing Address 6010 POINTE WEST BLVD. BRADENTON, FL 34209	
2. Principal Place of Business 6302 Riverview Blvd. Suite, Apt. #, etc.		3. Mailing Address 6302 Riverview Blvd Suite, Apt. #, etc.	
City & State Bradenton, FL Zip 34209 Country USA		City & State Bradenton, FL Zip 34209 Country USA	
4. FEI Number 59-1924507		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HILL, GEOFFREY W. 6010 POINTE EWST BOULEVARD BRADENTON, FL 34209		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6302 Riverview Blvd City Bradenton FL Zip Code 34209	
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</b> <b>After May 1, 2006 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	PD HILL, GEOFFREY W. 6010 POINTE WEST BOULEVARD BRADENTON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6302 Riverview Blvd Bradenton, FL 34209
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 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: <u>Geoffrey W Hill</u>		Date: <u>2-22-06</u>	Daytime Phone #: <u>941-792-1458</u>