## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 683106** 

MIAMI, FL 33180

City-St-Zip:

Entity Name: THOMAS E. HYDE, D.C., P.A.

FILED Jan 22, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2240 NE 202 ST. MIAMI, FL 33180 **Current Mailing Address: New Mailing Address:** 2240 NE 202 ST MIAMI, FL 33180 FEI Number: 59-2017555 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HYDE, THOMAS E HYDE, THOMAS E PRES 2240 NE 202ND ST 2240 NE 202ND ST MIAMI, FL 33180 MIAMI, FL 33180 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: THOMAS E. HYDE 01/22/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: () Change () Addition HYDE, THOMAS E., Name: Name: 2240 NE 202ND ST Address: Address: City-St-Zip: MIAMI, FL 33180 City-St-Zip: Title: Title: () Change () Addition () Delete Name: HYDE, SUSAN Name: 2240 NE 202ND ST Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: THOMAS E. HYDE PD 01/22/2009