

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 APR 30 PM 3: 09

DOCUMENT # F13549

1. Entity Name
H. HUTSON MESSER, M.D., P.A.



Principal Place of Business
1628 NORTH PLAZA DRIVE
TALLAHASSEE, FL 32308

Mailing Address
1628 NORTH PLAZA DRIVE
TALLAHASSEE, FL 32308



2. Principal Place of Business

2110 Centerville Road

3. Mailing Address

2110 Centerville Rd

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

Suite B

City & State

Tallahassee, FLORIDA

City & State

Tallahassee, FLORIDA

Zip

32308

Country

U.S.

Zip

32308

Country

U.S.

04292004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-2086119

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MESSER, H. HUTSON
1628 NORTH PLAZA DRIVE
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name: Messer, H. Hutson
Street Address (P.O. Box Number is Not Acceptable): 2110 Centerville Road, Suite-B
City: Tallahassee FL Zip Code: 32308

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

4/29/2004

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PST
NAME: MESSER, H. HUTSON
STREET ADDRESS: 1628 N. PLAZA DRIVE
CITY-ST-ZIP: TALLAHASSEE, FL ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
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STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PST
NAME: Messer, H. Hutson ☒ Change ☐ Addition
STREET ADDRESS: 2110 Centerville Road
CITY-ST-ZIP: Tallahassee, FLORIDA 32308

TITLE: ☐ Change ☐ Addition
NAME: 300035762273
STREET ADDRESS: 05/07/04--01071--008 **158.75
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 850-897-4113