## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 05, 2006 08:00 AM Secretary of State DOCUMENT #F13549 1. Entity Name H. HUTSON MESSER, M.D., P.A. Principal Place of Business Mailing Address 2110 CENTERVILLE ROAD 2110 CENTERVILLE ROAD STE 8 STE 8 TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32308 CR2E034 (11/05) 02202006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2086119 Not Applicable \$8.75 Additional 5. Certificate of Status Desired B. Name and Address of Current Registered Agent DO NOT WRITE MESSER, H. HUTSON 2110 CENTERVILLE ROAD STE B IN THIS SPACE TALLAHASSEE, FL 32308 8. The above named entity submits this statement for the purpose of changing its redistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered and SIGNATURE. Signature, typed or (NOTE, Registered Agent signature required when reinstating) requistered egent and life if applicable 000000493963 04/20/06 30027-009 158.75 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 $\Box$ Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MESSER, H. HUTSON NAME STREET ADDRESS 2110 CENTERVILLE ROAD CITY-ST-ZIP TALLAHASSEE, FL 32308 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP IN THIS SPACE TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ACCRESS CITY-ST-ZIP

12. Thereby 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 em 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:

TITLE NAME STREET AGGRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytima Phone #

FILED