2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F13549

H. HUTSON MESSER, M.D., P.A.



Principal Place of Business

2110 CENTERVILLE ROAD

TALLAHASSEE, FL 32308

Mailing Address

2110 CENTERVILLE ROAD

TALLAHASSEE, FL 32308

FILED Apr 12, 2007 08:00 A Secretary of State



4				
		ITE IN	TIMO	
DO NOT	VVK		1 1 HIS	SPAL.E

CR2E034 (11/05) 01102007 No Chg-P

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 2110 CENTERVILLE ROAD

DO NOT WRITE

STE B TALLAHASSEE, FL 32308			IN THIS SPACE		
the obliga	tions of registered agent.	ourpose of changing its register	d office or registered agent, or both, in the State of	of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registere	Agent algnature required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 lay 1, 2007 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution.	icing \$5.00 May Be		
10.	OFFICERS AND DIREC	CTORS		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MESSER, H. HUTSON 2110 CENTERVILLE ROAD TALLAHASSEE, FL 32308			00000702865 0/07-80117-007 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			A de partir de la companya de la com		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS S	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			ent of decomposition of a second of extract the decomposition of a second ent of the decomposition of a second		

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:

. NAME STREET ADDRESS CITY-ST-ZIP