

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # F52256

1. Entity Name

WILLIAM J. HUNT, M.D., F.A.C.S., P.A.



**FILED  
Apr 12, 2004 8:00 am  
Secretary of State**

04-12-2004 90653 024 \*\*\*150.00

54031030



MOORE CR2E034 (11/03)

Principal Place of Business  
40 SW 12 ST A102  
OCALA FL 34474

Mailing Address  
8755 NW 136 AVE RD  
OCALA FL 34474

2. Principal Place of Business  
9401 SW SR 200  
Suite, Apt. #, etc.  
Bldg 100, Suite 102

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Ocala, FL

4. FEI Number  
59-2131975

Zip  
34481

Country  
Marion

5. Certificate of Status Desired  
 \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
HUNT, WILLIAM J., M.D.  
8755 NW 136 AVE RD  
OCALA FL 33482

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City

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

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HUNT, WILLIAM J 8755 NW 136 AVE RD OCALA FL 34482	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O HUNT, WILLIAM J 8755 NW 136 AVE RD OCALA FL 34482	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*John Hunt*

4/8/04 352-237-3191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #