

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F52256

FILED
Apr 15, 2005
Secretary of State

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

Current Principal Place of Business:

9401 SW SR 200
BLDG 100, SUITE 102
OCALA, FL 34481

New Principal Place of Business:

Current Mailing Address:

8755 NW 136 AVE RD
OCALA, FL 34474

New Mailing Address:

62 LAKE VIEW DRIVE EAST
OCALA, FL 34474

FEI Number: 59-2131975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNT, WILLIAM J., M.D.
8755 NW 136 AVE RD
OCALA, FL 33482 US

Name and Address of New Registered Agent:

HUNT, WILLIAM J., M.D.
62 LAKE VIEW DRIVE EAST
OCALA, FL 33482 US

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:

04/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: HUNT, WILLIAM J,
Address: 8755 NW 136 AVE RD
City-St-Zip: OCALA, FL 34482

Title: D () Delete
Name: HUNT, WILLIAM J,
Address: 8755 NW 136 AVE RD
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: HUNT, WILLIAM J,
Address: 62 LAKE VIEW DRIVE EAST
City-St-Zip: OCALA, FL 34482

Title: D (X) Change () Addition
Name: HUNT, WILLIAM J,
Address: 62 LAKE VIEW DRIVE EAST
City-St-Zip: OCALA, FL 34482

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

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

PRES

04/15/2005

Electronic Signature of Signing Officer or Director

Date