

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F52256

FILED  
Mar 31, 2010  
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 6000, SUITE 6001  
OCALA, FL 34481

**New Principal Place of Business:**

**Current Mailing Address:**

62 LAKE VIEW DRIVE EAST  
OCALA, FL 34482

**New Mailing Address:**

**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.  
62 LAKE VIEW DRIVE EAST  
OCALA, FL 33482 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: HUNT, WILLIAM J  
Address: 62 LAKE VIEW DRIVE EAST  
City-St-Zip: Ocala, FL 34482

Title: D  
Name: HUNT, WILLIAM J  
Address: 62 LAKE VIEW DRIVE EAST  
City-St-Zip: Ocala, FL 34482

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM J. HUNT M.D.

PRES

03/31/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date