

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G51499

FILED  
Feb 02, 2010  
Secretary of State

**Entity Name:** STANLEY I. HAND, JR., M.D., P.A.

**Current Principal Place of Business:**

1622 SOUTH ORANGE AVE  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

1622 SOUTH ORANGE AVE  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 59-2308226

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAND, STANLEY I., JR., M.D.  
1622 SOUTH ORANGE AVE  
ORLANDO, FL 32806 US

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

HAND, STANLEY I M.D.  
1622 SOUTH ORANGE AVE  
ORLANDO, FL 32806 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:** STANLEY I HAND JR MD

02/02/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** HAND, STANLEY I M.D.  
**Address:** 1622 SOUTH ORANGE AVE  
**City-St-Zip:** ORLANDO, FL 32806

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:** STANLEY I HAND JR MD

P

02/02/2010

Electronic Signature of Signing Officer or Director

Date