2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 23, 2006 08:00 AN DOCUMENT # H34998 **Secretary of State** 1. Entity Name GREGORY W. HUNTER, O.D., P.A. Mailing Address Principal Place of Business 84 S. BLANDING BLVD 84 S. BLANDING BLVD **ORANGE PARK FL 32073 ORANGE PARK FL 32073** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-2468364 Not Applicat Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUNTER, GREGORY W. Street Address (P.O. Box Number is Not Acceptable) 84 S. BLANDING BLVD **ORANGE PARK FL 32073** City Zip Code 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 ages FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May D After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, OFFICERS AND DIRECTORS 11. ☐ Change 🔲 Āddii TITLE ☐ Delete TITLE HUNTER, GREGORY W. NAME NAME STREET ADDRESS 84 S. BLANDING BLVD STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Add 22 ☐ Delote TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Ai and TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Adam NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE:

SIGNATURE AND TYPED OR PRI

of the comporation 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 1 of changed, or on an attachment with an address, with all other like empowered.

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