2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H36405

1. Entity Name RICHARD C. W. HALL, M.D., P.A.



FILED Jan 09, 2008 08:00 AN Secretary of State

Principal Place of Business

2500 W LAKE MARY BLVD

STE 219 LAKE MARY, FL 32746 Mailing Address

2500 W LAKE MARY BLVD

STE 219

LAKE MARY, FL 32746 US



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CR2E034 (11/05) 01042008 No Cha-P

4. FEI Number 59-2474936

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, RICHARD C.W. M.D. 2500 W. LAKE MARY BLVD STE 219 LAKE MARY, FL 32746

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the plons of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	If applicable. (NOTE: Registered	d Agent signature	e required when reinstating)	DATE
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, RICHARD C.W. M.D. 2500 W. LAKE MARY BLVD STE 219 LAKE MARY, FL 32746				H00000770004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HALL, ANNE K. 2500 W. LAKE MARY BLVD STE 219 LAKE MARY, FL 32746				U00000776981 01/09/08-80048-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

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

A.A		
SIG	NAT	URE: