

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 08:00 AM
Secretary of State

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| DOCUMENT # H82356 | |
| 1. Entity Name BAY DERMATOLOGY ASSOCIATES, JERRY L. HEDRICK, M.D. P.A. | |
| Principal Place of Business 500 VONDERBERG DRIVE, W SUITE 115 BRANDON, FL 33511 US | Mailing Address 500 VONDERBERG DRIVE, W SUITE 115 BRANDON, FL 33511 US |



03052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2592065 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

HEDRICK, JERRY L. M.D.
500 VONDERBURG DRIVE
STE 115W
BRANDON, FL 33511

**DO NOT WRITE
IN THIS SPACE**

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 agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be**
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCE HEDRICK, JERRY L. 503 TOMAHAWK TRAIL BRANDON, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O HEDRICK, KATHYLEEN 503 TOMAHAWK TRAIL BTANDON, FL |
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03/22/07-80024-008 150.00

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IN THIS SPACE**

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.

SIGNATURE: *x J L Hedrick, M.D.* *3/10/07* *x 813-685-0306*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #