

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

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**



01232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2592065

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2008 Fee will be \$550.00**

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

000000000071
02/08/08-80008-003 150.00

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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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. Hedrick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1-26-08

Date

Daytime Phone #