

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90046 026 ***150.00

DOCUMENT # K67898

1. Entity Name
RICHARD M. HAYS, M.D., P.A.



Principal Place of Business
**5700 LAKE WORTH RD
STE 103
LAKE WORTH, FL 33463 US**

Mailing Address
**%CATHY L. KAMBER
1530 N FEDERAL HWY
LAKE WORTH, FL 33460-1965 US**

40007425



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
**1675 Palm Beach Lakes Blvd.
Suite 700
West Palm Beach, FL
Zip Country
33401 USA**

01052005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0102607

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**KAMBER, CATHY L.
1530 N. FEDERAL HWY.
LAKE WORTH, FL 33460**

7. Name and Address of New Registered Agent
Name
Cathy L. Kamber (Please note new address)
Street Address (P.O. Box Number is Not Acceptable)
1675 Palm Beach Lakes Blvd., Suite 700
City
West Palm Beach FL Zip Code
33401

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

**PD
HAYS, RICHARD M.
C/O 1530 N. FEDERAL HWY.
LAKE WORTH, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
KAUFMANN-HAYS, DEBBIE
C/O 1530 N FEDERAL HIGHWAY
LAKE WORTH, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RICHARD HAYS MD
PRESIDENT**

1-24-05 (S61) 433 9300
Date Daytime Phone #