

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K67898

FILED  
Feb 10, 2012  
Secretary of State

**Entity Name:** RICHARD M. HAYS, M.D., P.A.

**Current Principal Place of Business:**

1397 MEDICAL PARK BOULEVARD  
STE 220  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

1397 MEDICAL PARK BOULEVARD  
SUITE 220  
WELLINGTON, FL 33414 US

**New Mailing Address:**

**FEI Number:** 65-0102607      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.  
5647 110TH AVENUE NORTH  
ROYAL PALM BEACH, FL 334110000 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HAYS, RICHARD M  
Address: 1397 MEDICAL PARK BOULEVARD, SUITE 220  
City-St-Zip: WELLINGTON, FL 33414 US

Title: SEC  
Name: KAUFMANN-HAYS, DEBBIE  
Address: 1397 MEDICAL PARK BOULEVARD, SUITE 220  
City-St-Zip: WELLINGTON, FL 33414 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD M HAYS

PD

02/10/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date