2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L41668

Entity Name: G.P. HESS, M.D., P.A.

Current Principal Place of Business:

% RICHARD M. ROBINSON
301 E PINE ST SUITE 1400
ORLANDO, FL 32801

New Principal Place of Business:

% ROBERT ROBINSON
301 E PINE ST SUITE 1400
ORLANDO, FL 32801

Current Mailing Address:

% RICHARD M. ROBINSON
PO BOX 3068
ORLANDO, FL 328023068

New Mailing Address:

% ROBERT ROBINSON
301 E PINE ST SUITE 1400
ORLANDO, FL 32801

FEI Number: 59-2995409 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRAGUE, MARTIN CPA
545 N. PARK AVE
WINTER PARK, FL 32789 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HESS, GREGORY P MD
Address: 545 N. PARK AVENUE
City-St-Zip: WINTER PARK, FL

Title: ST ( ) Delete
Name: HESS, GREGORY P MD
Address: 545 N. PARK AVENUE
City-St-Zip: WINTER PARK, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GREGORY P. HESS, MD PD 04/27/2009

Electronic Signature of Signing Officer or Director Date