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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L67064**

1. Corporation Name
GREGORY D. HICKS, M.D., P.A.- PLASTIC & RECONSTR UCTIVE SURGERY

Principal Place of Business	Mailing Address
C/O CHERYL L. GORDON ESQUIRE 3801 BEE RIDGE RD. SUITE 1 SARASOTA FL 34233	C/O CHERYL L. GORDON ESQUIRE 3801 BEE RIDGE RD. SUITE 1 SARASOTA FL 34233

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 04/23/1990

2. Principal Place of Business	2a. Mailing Address
21 Gregory D. Hicks, MD	26 Gregory D. Hicks MD
Suite, Apt. #, etc. 22 3801 Bee Ridge Rd, Ste 1	Suite, Apt. #, etc. 27 3801 Bee Ridge Rd, Ste 1
City & State 23 Sarasota FL	City & State 28 Sarasota, FL
Zip / Country 24 34233 25 USA	Zip / Country 29 34233 30 USA

4. FEI Number: 65-0187795 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ -- **$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HICKS, GREGORY D., M.D. 3801 BEE RIDGE ROAD SUITE 1 SARASOTA FL 34233	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. *Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.*

SIGNATURE: Gregory D. Hicks MD — DATE: 4-26-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HICKS, GREGORY D. M.D.		1.2 NAME		
STREET ADDRESS	3801 BEE RIDGE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HICKS, GREGORY D., M.D.		2.2 NAME		
STREET ADDRESS	3801 BEE RIDGE RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gregory D. Hicks M.D. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-26-99 — Daytime Phone #: 941-925-3633