# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 20, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # N02992

1. Entity Name
HAMILTON HEALTH ENTERPRISES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 427 NW 15TH AVENUE<br>JASPER, FL 32052 | 427 NW 15TH AVENUE<br>JASPER, FL 32052 |

03152006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-1282610
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NORRIS, JOHN E.
201 N.MARION ST.
P.O. BOX 2349
LAKE CITY, FL 32056

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

**Filing Fee is $61.25**
**Due by May 1, 2006**

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

U00000522648
05/03/06-80038-006 70.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | T |
| NAME | NORRIS, W BENJAMIN DMD |
| STREET ADDRESS | 423 VICKERS CT |
| CITY-ST-ZIP | JASPER, FL 32052 |
| TITLE | P |
| NAME | PEACH, HON. JOHN W. |
| STREET ADDRESS | 206 SE 2ND AVENMUE |
| CITY-ST-ZIP | JASPER, FL |
| TITLE | V |
| NAME | KENNEDY, WALDO |
| STREET ADDRESS | 11496 SE 41ST TR |
| CITY-ST-ZIP | JASPER, FL 32052 |
| TITLE | D |
| NAME | MICKLER, F.T., JR.,M.D. |
| STREET ADDRESS | 218 NE 2ND AVENUE |
| CITY-ST-ZIP | JASPER, FL |
| TITLE | SD |
| NAME | BARKER, DAVID |
| STREET ADDRESS | PO BOX 229 |
| CITY-ST-ZIP | JASPER, FL 32052 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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 617, 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:** J. David Barker 4/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #