

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000042584

Entity Name: HAL ADAMS, P.A.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1642 MEDICAL LANE  
SUITE A  
FT. MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

1642 MEDICAL LANE  
SUITE A  
FT. MYERS, FL 33907

**New Mailing Address:**

FEI Number: 65-1012979

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ADAMS, HAL  
1642 MEDICAL LANE  
SUITE A  
FT. MYERS, FL 33907 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: DP  
Name: ADAMS, HAL  
Address: 1642 MEDICAL LANE, SUITE A  
City-St-Zip: FT. MYERS, FL 33907

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: HAL ADAMS

DP

04/27/2011

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

\_\_\_\_\_  
Date