2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000002944 **DOCUMENT #**

1. Entity Name



FILED Mar 14, 2003 8:00 am Secretary of State

ANN R.	HUTCHINSON, M.D., P.A.			03-14-2003 90054 006	130.00
Principal Pla 715 SE 57H STUART FL		Mailing Address 715 SE 5TH ST STUART FL 34997			II (1868 1861) Birli 9181 (864
2. Principal	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CI	HANGES
City & Sta	ate	City & State		4. FEI Number 65-1067867 Applied For	
Zip	Country	Zip	Country	5. Certificate of Status Desired	Not Applicable 3.75 Additional
	6. Name and Address of Curre	ent Registered Agent	L	7. Name and Address of New Registered Age	e Required
			Name	7. Name and Address of New Registered Age	30f
	ISON, ANN R M.D.		Street Address	s (P.O. Box Number is Not Acceptable)	
715 SE 5			Street Address	(F.O. Box Number is Not Acceptable)	
STUART	FL 34997				
			City	FL	Zip Code
8. The above the obliga	e named entity submits this statemen tions of registered agent.	t for the purpose of changing	g its registered office or regist	ered agent, or both, in the State of Florida. I am fam	illiar with, and accept
SIGNATURE					
	Signature, typed or printed name of registered ag	ent and title if applicable. ((NOTE: Registered Agent signature requin	red when reinstating) DATE	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0 k Payable to Florida Department			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.		ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	MD HUTCHINSON, ANN R 715 SE 5TH ST STUART FL 34994	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ De'ete	TITLE NAME		
			STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			Change Addition
NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		Change Addition

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 10 or Block 11 if changed, or on an attachment with an address with all other/like spripowered.

SIGNATURE:

7722868445