

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000006416

1. Entity Name
HILLIARD MEDICAL CENTER, INC.



Principal Place of Business
3772 W. 3RD ST.
HILLIARD, FL 32046

Mailing Address
3772 W. 3RD ST.
HILLIARD, FL 32046

FILED
Jul 18, 2008 8:00 am
Secretary of State

05-02-2008 90119 029 ***150.00

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DO NOT WRITE IN THIS SPACE

04102008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3692604

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHARPE, MICHAEL
3772 W. 3RD ST.
HILLIARD, FL 32046

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	SHARPE, MICHAEL
STREET ADDRESS	3772 W. 3RD ST.
CITY - ST - ZIP	HILLIARD, FL 32046

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

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 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/08

Date

904-845-3674

Daytime Phone #