

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000011235



1. Entity Name
HUGH A. COLEMAN, D.O., P.A.

Principal Place of Business
290 CLYDE MORRIS BLVD.
SUITE D-1
ORMOND BEACH, FL 32174

Mailing Address
290 CLYDE MORRIS BLVD.
SUITE D-1
ORMOND BEACH, FL 32174

2. Principal Place of Business
325 Clyde Morris Blvd.
Suite, Apt. #, etc.
Suite 390
City & State
Ormond Beach, FL
Zip 32174

3. Mailing Address
325 Clyde Morris Blvd.
Suite, Apt. #, etc.
Suite 390
City & State
Ormond Beach, FL
Zip 32174

04052005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3694248
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Name

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

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

**FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME COLEMAN, HUGH A
STREET ADDRESS 290 CLYDE MORRIS BLVD., STE. D-1
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 325 Clyde Morris Blvd., Ste 390
Ormond Beach, FL 32174

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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

4/26/05

(386)
615-9113

Date

Daytime Phone #

**FILED
May 02, 2005 8:00 am
Secretary of State**

05-02-2005 90980 024 ***150.00