## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000011235

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

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

325 CLYDE MORRIS BLVD. SUITE 390 ORMOND BEACH, FL 32174

Current Mailing Address: New Mailing Address:

325 CLYDE MORRIS BLVD. SUITE 390 ORMOND BEACH, FL 32174

FEI Number: 59-3694248 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DR CLEARWATER, FL 33761 US BOLERJACK, HALSEMA & BOWLING PA 533 N. NOVA ROAD SUITE 116 ORMOND BEACH, FL 32174 US

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: BEVERLY A. WHITE 03/31/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: O (X) Change ( ) Addition

Name: COLEMAN, HUGH A Name: COLEMAN, HUGH A D.O.

Address: 325 CLYDE MORRIS BLVD, STE 390 Address: 325 CLYDE MORRIS BLVD, STE 390 City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

SIGNATURE: HUGH A. COLEMAN, D.O. O 03/31/2009

above, or on an attachment with an address, with all other like empowered.