

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000011585

Entity Name: TEENA HUGHES, M.D., P.A.

FILED  
Jan 03, 2008  
Secretary of State

**Current Principal Place of Business:**

4444 E. FLETCHER AVE., STE B  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 47312  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 59-3694409      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HUGHES, TEENA MD  
4444 E. FLETCHER AVE., STE B  
TAMPA, FL 33613 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HUGHES, TEENA MD  
Address: 4444 E. FLETCHER AVE., STE B  
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. (X) Change ( ) Addition  
Name: HUGHES, TEENA MD  
Address: 4444 E. FLETCHER AVE., STE B  
City-St-Zip: TAMPA, FL 33613

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

SIGNATURE: TEENA HUGHES, M.D.

DR.

01/03/2008

Electronic Signature of Signing Officer or Director

Date