

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060755

FILED
Jan 07, 2005
Secretary of State

Entity Name: MICHAEL D. HUNTER, M.D., P.A.

Current Principal Place of Business:

11400 OVERSEAS HIGHWAY
SUITE 210
MARATHON, FL 33050

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 522380
MARATHON SHORES, FL 33052

New Mailing Address:

FEI Number: 45-0480080

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNTER, MICHAEL D
11400 OVERSEAS HIGHWAY
SUITE 210
MARATHON, FL 33050 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: P () Delete
Name: HUNTER, MICHAEL D M.D.
Address: P.O. BOX 522380
City-St-Zip: MARATHON SHORES, FL 33052

Title: V () Delete
Name: HUNTERS, MARY
Address: 44 SPOONBILL WAY #1
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: HUNTERS, MARY
Address: PO BOX 522380
City-St-Zip: MARATHON SHORES, FL 33052

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL D. HUNTER

PRES

01/07/2005

Electronic Signature of Signing Officer or Director

Date