
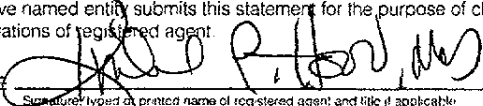


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000083145 1. Entity Name KIMBERLY HOOD M.D., P.A.					
Principal Place of Business 550 W. REDSTONE AVENUE SUITE 470 CRESTVIEW FL 32539			Mailing Address 550 W. REDSTONE AVENUE SUITE 470 CRESTVIEW FL 32539		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 45-0517213 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E034 (10/05)	
6. Name and Address of Current Registered Agent HOOD, KIMBERLY M.D. 550 W. REDSTONE AVENUE SUITE 470 CRESTVIEW FL 32539				7. Name and Address of New Registered Agent Name _____ 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:  4/13/06 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HOOD, KIMBERLY M.D. 550 W. REDSTONE AVENUE #470 CRESTVIEW FL 32539		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000511480 04/29/06-80048-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E034 (10/05)

4. FEI Number **45-0517213**
☐ Applied For
☐ Not Applicable

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

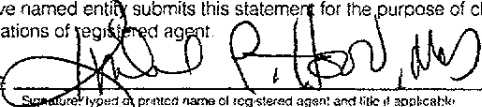
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOOD, KIMBERLY M.D.
550 W. REDSTONE AVENUE
SUITE 470
CRESTVIEW FL 32539**

Name _____
 Street Address (P O Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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550 W. REDSTONE AVENUE #470
CRESTVIEW FL 32539

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Kimberly P. Hood** **4/13/06** **850-689-2223**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #