
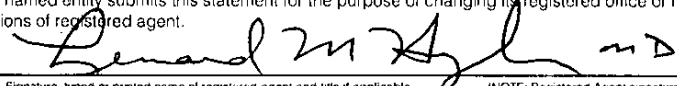



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90012 015 ***150.00

DOCUMENT # P04000015260					
1. Entity Name LENARD M. HUGHES, M.D., P.A.					
Principal Place of Business 411 ST. JOHNS AVENUE PALATKA, FL 32177			Mailing Address 411 ST. JOHNS AVENUE PALATKA, FL 32177		
2. Principal Place of Business - No P.O. Box # 6050 ST. JOHNS AVE.		3. Mailing Address 6050 ST. JOHNS AVE.			
Suite, Apt. #, etc. SUITE 3		Suite, Apt. #, etc. SUITE 3			
City & State PALATKA, FL		City & State PALATKA, FL			
Zip 32177	Country US	Zip 32177	Country US	03312008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent HUGHES, LENARD M 411 ST. JOHNS AVENUE PALATKA, FL 32177				7. Name and Address of New Registered Agent Name LENARD M HUGHES, MD Street Address (P.O. Box Number is Not Acceptable) 6050 ST. JOHNS AVE., SUITE 3 PALATKA, FL 32177 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 45%; text-align: right;"> 3-31-08 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HUGHES, LENARD M 125 VINTAGE LANE PALATKA, FL 32177 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			Date: 3-31-08 Daytime Phone #: 386 325-1780		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					