

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000017948

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** HUNTER'S CREEK MEDICAL ASSOCIATES, P.A

**Current Principal Place of Business:**

1178 CYPRESS GLEN CIR.  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

**Current Mailing Address:**

1178 CYPRESS GLEN CIR.  
KISSIMMEE, FL 34741 US

**New Mailing Address:**

**FEI Number:** 26-1991837

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUNTSMAN, ROY W  
4056 WEST NEWBERRY ROAD  
GAINESVILLE, FL 32607 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ESTEVEZ, JERMANIA  
Address: 9595 PINE LILY STREET  
City-St-Zip: ORLANDO, FL 32827 US

Title: STD  
Name: HERNANDEZ, GIOVANNI  
Address: 9595 PINE LILY STREET  
City-St-Zip: ORLANDO, FL 32827 US

I hereby 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 all other like empowered.

SIGNATURE: GIOVANNI HERNANDEZ

STD

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date