


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90006 032 ***150.00

DOCUMENT # P93000022737	
1. Entity Name ROBERT H. HUNSAKER, M.D., P.A.	

Principal Place of Business 104 CRANDON BLVD. SUITE 327 KEY BISCAYNE, FL 33149 US	Mailing Address 104 CRANDON BLVD. SUITE 327 KEY BISCAYNE, FL 33149 US
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40051593



2. Principal Place of Business - No P.O. Box # 3550 BISCAYNE BLVD	3. Mailing Address 3550 BISCAYNE BLVD
Suite, Apt. #, etc. 311	Suite, Apt. #, etc. 311

02132008 Chg-P CR2E034 (12/06)

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33137	Country US

4. FEI Number 65-0403098	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HUNSAKER, ROBERT H M.D. 104 CRANDON BLVD. SUITE 327 KEY BISCAYNE, FL 33149	
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7. Name and Address of New Registered Agent Name HUNSAKER, ROBERT H. M.D. Street Address (P.O. Box Number is Not Acceptable) 3550 BISCAYNE BLVD, SUITE 311 City MIAMI FL Zip Code 33137	
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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 <u><i>Robert H. Hunsaker</i></u> ROBERT H. HUNSAKER <u>3-10-08</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HUNSAKER, ROBERT H M.D. 104 CRANDON BLVD., SUITE 327 KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3550 BISCAYNE BLVD, #311 MIAMI, FL 33137 <input checked="" 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
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: <u><i>Robert H. Hunsaker</i></u> ROBERT H. HUNSAKER <u>3-10-08</u> <u>705-756-1159</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	