2005 FOR PROFIT CORPORATION

FILED Feb 09, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P93000075668 BRYAN C. HICKS, M. D., P. A. Mailing Address Principal Place of Business 1133 SE 18 PL 1133 SE 18 PL SUITE 3 SUITE 3 OCALA, FL 34471 OCALA, FL 34471 01222005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3203486 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HICKS, BRYAN C 1133 SE 18 PL SUITE 3 IN THIS SPACE OCALA, FL 34471 3. 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, typed or printed name of registered agont and title if applicable (NOTE Registored Agent Signature required when reinstailing) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U000000221407 HICKS, BRYAN C NAME 02/09/05-80026-008 150.00 1133 SE 18 PL SUITE 3 STREET ADDRESS CITY+ST-ZIP OCALA, FL 34471 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. 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 regeliver 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:

TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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