


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90087 021 \*\*\*150.00

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # P93000075668</b>  |   |   |  |  |  |
| <b>1. Entity Name</b><br>BRYAN C. HICKS, M. D., P. A.   |   |   |  |   |  |
| <b>Principal Place of Business</b><br>5349 SW COLLEGE ROAD<br>SUITE 2<br>OCALA, FL 34474  |   |   | <b>Mailing Address</b><br>5349 SW COLLEGE ROAD<br>SUITE 2<br>OCALA, FL 34474   |   |  |
| <b>2. Principal Place of Business</b>   |   | <b>3. Mailing Address</b>   |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  |   |  |
| City & State  |   | City & State  |  |   |  |
| Zip   | Country   | Zip   | Country  | <b>4. FEI Number</b><br>59-3203486  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |   |   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b>  |   |   | <b>7. Name and Address of New Registered Agent</b>   |   |  |
| HICKS, BRYAN C<br>1133 SE 18 PL<br>SUITE 3<br>OCALA, FL 34471   |   |   | Name <u>Hicks, Bryan C</u><br>Street Address (P.O. Box Number is Not Acceptable) <u>5349 SW College Rd. Suite 2</u><br>City <u>Ocala</u> <b>FL</b> Zip Code <u>34474</u> |   |  |
| <b>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.</b>  |   |   |  |   |  |
| SIGNATURE <u>[Signature]</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |   | DATE <u>2-1-6</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>   |   | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>HICKS, BRYAN C<br>1133 SE 18 PL SUITE 3<br>OCALA, FL 34471 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | President<br>Hicks, Bryan C<br>5349 SW College Rd. Suite 2<br>Ocala, FL 34474     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>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.</b> |   |   |  |   |  |
| <b>SIGNATURE:</b> <u>[Signature]</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |   | Date <u>Bryan Hicks 2-1-6</u> Daytime Phone # <u>352 368 5858</u>  |   |  |