

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90232 042 ***150.00

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DOCUMENT # P93000081716 1. Entity Name JOHN BANCROFT HYLTON, M.D. P.A.																	
Principal Place of Business 1821 NW 123 AVE D PEMBROKE PINES, FL 33026 US			Mailing Address 1821 NW 123 AVE D PEMBROKE PINES, FL 33026 US														
2. Principal Place of Business 12323 S.W. 55th Street Suite, Apt. #, etc. #1003 City & State Cooper City, FL Zip 33330 Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		04142005 Chg-P CR2E034 (10/03) 4. FEI Number 65-0452430 Applied For Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent HYLTON, JOHN B 1821 NW 123 AVE PEMBROKE PINES, FL 33026													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5721 Peppertree Lane City Davie FL Zip Code 33314				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HYLTON, JOHN B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1821 NW 123 AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PEMBROKE PINES, FL</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	HYLTON, JOHN B		STREET ADDRESS	1821 NW 123 AVE		CITY-ST-ZIP	PEMBROKE PINES, FL	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">5721 Peppertree Lane</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Davie, FL 33314</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	5721 Peppertree Lane	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Davie, FL 33314		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 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.			
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NAME	Davie, FL 33314																
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SIGNATURE: JOHN HYLTON		Date 4/15/05 Daytime Phone # (954) 252-0083		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR													