



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90157 027 ***150.00

DOCUMENT # P94000018779 1. Entity Name REBECCA C. HILL, O.D., P.A.					
Principal Place of Business 3650 FOREST HILL BOULEVARD SUITE 2 WEST PALM BEACH, FL 33406 US			Mailing Address 232 SUDBURY DRIVE ATLANTIS, FL 33462 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04072005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 65-0477997	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent HILL-MOORE, REBECCA C 232 SUDBURY DRIVE ATLANTIS, FL 33462		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.		\$8.75 Additional Fee Required			
SIGNATURE <u>Rebecca C Hill-Moore</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		DATE <u>4-7-05</u>			
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS HILL-MOORE, REBECCA C 232 SUDBURY DRIVE ATLANTIS, FL 33462	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	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 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 empowers.					
SIGNATURE: <u>Rebecca C Hill-Moore</u> <u>4-7-05</u> (581) 963-7533 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					