

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 06, 2007 8:00 am
Secretary of State

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03072007 Chg-P CR2E034 (12/06)

DOCUMENT # P94000071591 1. Entity Name JOHN A. HUGHES-PAPSIDERO, D.O., P.A.					
Principal Place of Business 5701 OVERSEAS HWY SUITE 3 MARATHON, FL 33050 US			Mailing Address 5701 OVERSEAS HWY SUITE 3 MARATHON, FL 33050 US		
2. Principal Place of Business - No P.O. Box # 3712 N. Roosevelt Blvd. Suite, Apt. #, etc.		3. Mailing Address 3712 N. Roosevelt Blvd. Suite, Apt. #, etc.			
City & State Key West, FL		City & State Key West, FL		4. FEI Number 65-0531635	
Zip 33041		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, ROBERT K 2975 OVERSEAS HWY MARATHON, FL 33050			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 D <input type="checkbox"/> Delete NAME HUGHES-PAPSIDERO, JOHN A STREET ADDRESS 5701 OVERSEAS HWY #3 CITY-ST-ZIP MARATHON, FL 33051			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 3712 N. Roosevelt Blvd. CITY-ST-ZIP Key West, FL 33041		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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			John Hughes-Papsidero <input checked="" type="checkbox"/> 4/12/07 305-292-2259		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		