


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90018 024 ***150.00

DOCUMENT # P94000071591	
1. Entity Name JOHN A. HUGHES-PAPSIDERO, D.O., P.A.	

Principal Place of Business 3712 N. ROOSEVELT BLVD KEY WEST, FL 33041 US	Mailing Address 3712 N. ROOSEVELT BLVD KEY WEST, FL 33041 US
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40063827



2. Principal Place of Business - No P.O. Box # 1438 Kennedy Drive	3. Mailing Address 1438 Kennedy Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03292008 Chg-P CR2E034 (12/06)

City & State Key West, FL	City & State Key West, FL	4. FEI Number 65-0531635	Applied For <input type="checkbox"/> Not Applicable
Zip 33040	Country USA	Zip 33040	Country USA

5. Certificate of Status Desired ☐ **\$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	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	D HUGHES-PAPSIDERO, JOHN A 3712 N. ROOSEVELT BLVD KEY WEST, FL 33041 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1438 Kennedy Drive Key West, FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Hughes-Papsidero

(305) 292-2259

Daytime Phone #