2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000040813

70 RIVERSIDE DR

ORMOND BEACH, FL 32176

Address:

City-St-Zip:

Entity Name: KENNETH HAWTHORNE, JR., M.D., P.A.

FILED Apr 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 106 OLD KINGS RD SUITE E ORMOND BEACH, FL 32174 US **New Mailing Address: Current Mailing Address:** 106 OLD KINGS RD SUITE E ORMOND BEACH, FL 32174 US FEI Number: 59-3323329 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAWTHORNE, KENNETH 70 RIVERSIDE DRIVE ORMOND BEACH, FL 32176 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPST () Delete Title: () Change () Addition HAWTHORNE, KENNETH JR Name: Name: 70 RIVERSIDE DRIVE Address: Address: City-St-Zip: ORMOND BEACH, FL 32176 City-St-Zip: Title: () Delete Title: () Change () Addition HAWTHRONE, JAMIE Name: Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANAGING MEMBER/KENNETH B HAWTHORNE JR MGR 04/25/2009