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Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000064628 (7)

1. Corporation Name
GUY D. HOAGLAND, M.D., P.A.

Principal Place of Business
1257 FLORIDA AVENUE
ROCKLEDGE FL 32955

Mailing Address
1257 FLORIDA AVENUE
ROCKLEDGE FL 32955-2423



3. Date Incorporated or Qualified 08/21/1995
3a. Date of Last Report 04/19/1996

4. FEI Number 59-3340035
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 801 INVERNESS AV
22 Suite, Apt #, etc.
23 City & State MELBOURNE, FL
24 Zip 32940 Country USA
25
26 801 INVERNESS AV
27 Suite, Apt #, etc.
28 City & State MELBOURNE, FL
29 Zip 32940 Country USA
30

9. Name and Address of Current Registered Agent
HOAGLAND, GUY D M.D.
1257 FLORIDA AVE.
ROCKLEDGE FL 32955-5

10. Name and Address of New Registered Agent
81 Name GUY D. HOAGLAND, M.D.
82 Street Address (P.O. Box Number is Not Acceptable)
83 801 INVERNESS AV
84 City MELBOURNE FL 85 Zip Code 32940

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Guy D Hoagland MD* DATE 1/17/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PD
NAME HOAGLAND, GUY D
STREET ADDRESS 1257 FLORIDA AVENUE
CITY-ST-ZIP ROCKLEDGE FL 32955
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME GUY D HOAGLAND MD
1.3 STREET ADDRESS 801 INVERNESS AVE
1.4 CITY-ST-ZIP MELBOURNE, FL 32940
Change ☒ Addition ☐
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change ☐ Addition ☐
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
Change ☐ Addition ☐
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change ☐ Addition ☐
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
Change ☐ Addition ☐
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
Change ☐ Addition ☐

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Guy D Hoagland MD* DATE 1/17/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 407 631/007

CR2E034 (9/96)