

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90042 032 \*\*\*150.00

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1. Corporation Name  
RICHARD J. HUGHES, M.D., P.A.

Principal Place of Business  
707 1ST ST SOUTH  
#303  
JACKSONVILLE BEACH FL 32250  
US

Mailing Address  
707 1ST ST SOUTH  
#303  
JACKSONVILLE BEACH FL 32250  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/06/1996

4. FEI Number  
59-3363145

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 owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 808 Bayshore Dr.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 808 Bayshore Dr.  
Suite, Apt. #, etc.

23 City & State  
Destin, FL

28 City & State  
Destin, FL

24 Zip 32541 25 Country US

29 Zip 32541 30 Country US

9. Name and Address of Current Registered Agent

HUGHES, RICHARD J M.D.  
703 SOUTH FIRST STREET, #303  
JACKSONVILLE FL 32250

10. Name and Address of New Registered Agent

81 Name Hughes, Richard J. MD  
82 Street Address (P.O. Box Number is Not Acceptable)  
808 Bayshore Dr.  
83  
84 City Destin FL 85 Zip Code 32541

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

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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME HUGHES, RICHARD J M.D.  
STREET ADDRESS 703 SOUTH FIRST STREET, #303  
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Hughes, Richard J. MD  
1.2 NAME  
1.3 STREET ADDRESS 808 Bayshore Dr.  
1.4 CITY-ST-ZIP Destin, FL 32541

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard J. Hughes 3/24/99 (850) 650-8430

Date

Daytime Phone #

CR2E034 (11/98)