2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000051829

Entity Name: TROY A. HAMPTON, M.D., P.A.

FILED Feb 07, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6500 NEWBERRY RD P.O. BOX 147006 GAINESVILLE, FL 326147006 US

Current Mailing Address: New Mailing Address:

8805 SW 44TH LANE 2001 SW 117TH ST GAINESVILLE, FL 32608 GAINESVILLE, FL 32607

FEI Number: 59-3384707 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:

HAMPTON, TROY A
8805 S.W. 44T LANE
GAINESVILLE, FL 32608 US
HAMPTON, TROY A
2001 SW 117TH ST
GAINESVILLE, FL 32607 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: TROY A. HAMPTON 02/07/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition HAMPTON, TROY A HAMPTON, TROY A Name: Name: 2001 SW 117TH ST 8805 S.W. 44TH LANE Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TROY A. HAMPTON D 02/07/2003