

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000105841

FILED
Mar 25, 2009
Secretary of State

Entity Name: COLON/HAYNES PHASE II, INC.

Current Principal Place of Business:

37223 MEDICAL DRIVE
DADE CITY, FL 33525 US

New Principal Place of Business:

36739 SR 52
102
DADE CITY, FL 33525 US

Current Mailing Address:

P O BOX 99
DADE CITY, FL 33526 US

New Mailing Address:

FEI Number: 59-3490084 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, LEONARD H
37837 MERIDIAN AVENUE
SUITE 314
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: COLON, EDWIN M.D.
Address: 37223 MEDICAL DRIVE
City-St-Zip: DADE CITY, FL 33525

Title: D () Delete
Name: HAYNES, ERIC R M.D.
Address: 13933 17TH STREET
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COLON, EDWIN M.D.
Address: 36739 SR 52 STE. 102
City-St-Zip: DADE CITY, FL 33525

Title: () Change () Addition
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: EDWIN COLON

D

03/25/2009

Electronic Signature of Signing Officer or Director

Date