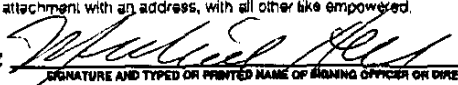


FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90240 045 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000079438 1. Entity Name MICHAEL G. HILL, M.D., P.A.			
Principal Place of Business 26540 ACE AVE 102 LEESBURG, FL 34748-8279		Mailing Address 26540 ACE AVE 102 LEESBURG, FL 34748-8279	
2. Principal Place of Business 704 DOCTORS CT Suite, Apt. #, etc. 101		3. Mailing Address 704 DOCTORS CT Suite, Apt. #, etc. 101	
City & State LEESBURG FL Zip 34748-7314 Country LAKE		City & State LEESBURG FL Zip 34748-7314 Country LAKE	
4. FEI Number 59-3519992		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILL, MICHAEL G 26540 ACE AVE 102 LEESBURG, FL 34748-8279 704 DOCTORS CT. 101 LEESBURG, FL 34748-7314		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME HILL, MICHAEL G STREET ADDRESS 26540 ACE AVE CITY-ST-ZIP LEESBURG, FL 34748-8279	☐ Delete	TITLE P NAME HILL, MICHAEL G STREET ADDRESS 704 DOCTORS CT. STE 101 CITY-ST-ZIP LEESBURG, FL 34748-7314	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 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		04-27-2004 (352) 728-3252 Date Daytime Phone #	