04/27/2004 09:25 3527283596 DR:HILL

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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	Mailing Address
26540 ACE AVE 102 LEESBURG, FL 34748-8279	26540 ACE AVE 102 LEESBURG, FL 34748-8279

04232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
704 DOCTORS CT	704 DOCTORS CT
Suite, Apt. #, etc. 101	Suite, Apt. #, etc. 101
City & State LEESBURG FL	City & State LEESBURG FL
Zip 34748-7314 Country LAKE	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~~ 704 DOCTORS CT.
~~102~~ 101
~~LEESBURG, FL 34748-8279~~
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 ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 347488279~~	☐ 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] 04-27-2004 (352) 728-3252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #