


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90051 001 ***300.00

DOCUMENT # P98000092493 1. Entity Name HYDE GROVE MEDICAL BUILDING, INC.	
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Principal Place of Business 6671 HYDE GROVE AVENUE JACKSONVILLE, FL 32210	Mailing Address 6671 HYDE GROVE AVENUE JACKSONVILLE, FL 32210
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DO NOT WRITE IN THIS SPACE

66003778



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3541611	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MORGAN, ROBERT M
C/O FORD, JETER, BOWLUS & DUSS, P.A.
10110 SAN JOSE BLVD.
JACKSONVILLE, FL 32257

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMOUNETTE, ROBERT G 6474 SAN JUAN AVENUE JACKSONVILLE, FL 32210
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: R. G. Lamounette **3-4-08** 1904783-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #