2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2011
Secretary of State

DOCUMENT# P99000026274

Entity Name: HAILE MEDICAL GROUP, P.A.

Current Principal Place of Business:

4750 SW 91 DR STE A
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

4750 SW 91 DR STE A
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 59-3579084 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAYE, ALLAN H ESQ.
4809 SW 91 TERR
GAINESVILLE, FL 32608 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

OFFICERS AND DIRECTORS:

Title: PSD
Name: KAYE, ALEXANDER S
Address: 4750 SW 91 DR STE B
City-St-Zip: GAINESVILLE, FL 32608

Title: VTD
Name: KAYE, KIMBERLY A
Address: 4750 SW 91ST DR STE B
City-St-Zip: GAINESVILLE, FL 32608

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY A KAYE VTD 02/25/2011

Electronic Signature of Signing Officer or Director Date