

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000026318

Entity Name: PAUL HILBERT, D.P.M., P.A.

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

8880 NAVARRE PARKWAY  
STE. 106  
NAVARRE, FL 32566

## **New Principal Place of Business:**

## **Current Mailing Address:**

8880 NAVARRE PARKWAY  
STE. 106  
NAVARRE, FL 32566

## **New Mailing Address:**

FEI Number: 59-3568341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

HILBERT, PAUL  
8880 NAVARRE PARKWAY  
STE. 106  
NAVARRE, FL 32566 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: DR.  
Name: HILBERT, PAUL  
Address: 8880 NAVARRE PARKWAY STE. 106  
City-St-Zip: NAVARRE, FL 32566

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: PAUL HILBERT

DR.

01/31/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date