

Apr-28-05 09:15A

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90980 037 ***150.00

DOCUMENT # P99000093590

1. Entity Name

AUGUSTO E. HOYLE, M.D., P.A.



Principal Place of Business

140 N. CONGRESS AVENUE, 8-A
BOYNTON BEACH, FL 33426

Mailing Address

140 N. CONGRESS AVENUE, 8-A
BOYNTON BEACH, FL 33426

40076714



2. Principal Place of Business

2300 South Congress Avenue
Suite, Apt. #, etc.
106

3. Mailing Address

2300 South Congress Avenue
Suite, Apt. #, etc.
106

04252005 Chg-P CR2E034 (10/03)

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

4. FEI Number

65-0968792

Applied For

Not Applicable

Zip
33426

Country
USA

Zip
33426

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOLTUN, JEFFREY M
557 NORTH WYMORE ROAD., STE 100
MAITLAND, FL 32751

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 verified as printer.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HOYLE, AUGUSTO E
~~140 N. CONGRESS AVENUE, 8-A~~
BOYNTON BEACH, FL 33426 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
2300 South Congress Avenue #106

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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)(b), 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE #