


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90041 037 ***150.00

DOCUMENT # S40000
 1. Entity Name
REBECCA A. HAMILTON, M.D., P.A.



Principal Place of Business Mailing Address
17651 FRANK ROAD **17651 FRANK ROAD**
ALVA, FL 33920 **ALVA, FL 33920 US**

40015914



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01182005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0347419 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PLOUCHA, L. M. 1946 TYLER ST HOLLYWOOD, FL 33020-4517		Name Rebecca A. Hamilton, MD Street Address (P.O. Box Number is Not Acceptable) 17651 Frank Road City Alva FL Zip Code 33920	

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 *Rebecca A. Hamilton, MD* **Rebecca A. Hamilton, M.D.** **2/8/05**
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, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD HAMILTON, REBECCA A MD 17651 FRANK ROAD ALVA, FL 33920 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Rebecca A. Hamilton, MD* **Rebecca A. Hamilton, MD** **2/8/05** **239.277.5020**
Signature and typed or printed name of signing officer or director Date Daytime Phone #