

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000075668

**Entity Name:** BRYAN C. HICKS, M. D., P. A.

**Current Principal Place of Business:**

5349 SW COLLEGE RD.  
OCALA, FL 34474

**Current Mailing Address:**

5349 SW COLLEGE RD.  
OCALA, FL 34474

**FEI Number:** 59-3203486

**Certificate of Status Desired:** No

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

HICKS, BRYAN C DR.  
5349 SW COLLEGE RD  
SUITE 2  
OCALA, FL 34474 US

*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:** BRYAN C HICKS MD

03/28/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	PRACTICE OFFICE MANAGER
Name	HICKS, BRYAN C	Name	GRENNAN, JULIE A
Address	5349 SW COLLEGE RD., SUITE 2	Address	5349 SW COLLEGE RD.
City-State-Zip:	OCALA FL 34474	City-State-Zip:	OCALA FL 34474

*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:** BRYAN C HICKS M.D.,P.A.

PRESIDENT

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date