

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V04101

**Entity Name:** DONALD E. HAMILTON, M.D., P.A.

**Current Principal Place of Business:**

928 B MAR WALT DR  
FT WALTON BEACH, FL 32547

**Current Mailing Address:**

106 BAHIA VISTA DRIVE  
NICEVILLE, FL 32578 US

**FEI Number:** 59-3096764

**Certificate of Status Desired:** No

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

HAMILTON, DONALD E  
928 B MAR WALT DR.  
FT. WALTON BEACH, FL 32547 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DR  
Name HAMILTON, DONALD E  
Address 928-B MAR WALT DR  
City-State-Zip: FT WALTON BEACH FL 32547

Title MANAGER  
Name HAMILTON, DRUE ANN  
Address 106 BAHIA VISTA DRIVE  
City-State-Zip: NICEVILLE FL 32578

*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:** DRUE A HAMILTON

**MANAGER**

**03/06/2018**

Electronic Signature of Signing Officer/Director Detail

Date