


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90087 004 ***150.00

50033297



DOCUMENT # P00000106332					
1. Entity Name MONAHAN CHIROPRACTIC MEDICAL CLINIC, P.A.					
Principal Place of Business 2 N SUMMIT ST CRESCENT CITY, FL 32112			Mailing Address 2 N SUMMIT ST CRESCENT CITY, FL 32112		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MONAHAN, MARTIN M 141 JUPITER RD ST AUGUSTINE, FL 32086				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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	MONAHAN, MARTIN M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		141 JUPITER RD		NAME	
STREET ADDRESS		ST AUGUSTINE, FL 32086		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	D	MONAHAN, CLARK V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		139 NEPTUNE RD		NAME	
STREET ADDRESS		ST AUGUSTINE, FL 32086		STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: <i>[Signature]</i>			Date: 12-30-05 / 1904-874-8357		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR			Date		