


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P0000106332					
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
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONAHAN, MARTIN M		NAME		
STREET ADDRESS	141 JUPITER RD		STREET ADDRESS		
CITY - ST - ZIP	ST AUGUSTINE, FL 32086		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	1100000513070 04/29/06-80115-012 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONAHAN, CLARK V		NAME		
STREET ADDRESS	139 NEPTUNE RD		STREET ADDRESS		
CITY - ST - ZIP	ST AUGUSTINE, FL 32086		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 exemptions contained in Chapter 119, 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>		14-10-06		1904 824-8353	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	