2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)						FILED				
DOCUMENT # P02000065898 1. Entity Name					Feb 10, 2005 08:00 AM Secretary of State					
BRAD HA	ALL, D.M.D., P.A.					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J ·			
Principal Plac	ce of Business	Mailing Address			1			-		
12443 SAN JOSE BLVD PO BOX 600577 BLDG 1 SUITE 101 JACKSONVILLE FL 322			32260			•				
JACKSON\	/ILLE FL 32223 🚡	•			 ((11)	H ar i ik erkir ik a k erki erkik e	1811(88118 8118) 8118)	INIIN INEKA ER	en arn	
	Place of Business	3. Mailing Address	=							
Suite, Apt	., #, etc	Suite, Apt. #, etc.			1st	MOORE	CR2E034 (1	0/04)		
City & Sta	te	City & State			4. FEI Numb	er 46-0489028			oplied For of Applicable	
Zip	Country Zip		Country		5. Certificate	of Status Desired		.75 Add		
	6. Name and Address of Curre	ent Registered Agent		Name	7. Name and	Address of New Re	gistered Age	nt		
BAI	RKER, EARL M JR		-		P.O. Pay Numb	er is Not Acceptable				
334 JAC	I E DÚVAL ST CKSONVILLE FL 32202-27	7 18	}	Sileet Address (er is Not Acceptable	, 			
				City				Zip Cod		
8. The above	a named entity submits this statemen	t for the purpose of changing it	ts registere	,	red agent, or bo	th. in the State of Flo	FL rida. Lam fami			
the obliga	tions of registered agent.	, , , , , , , , , , , , , , , , , , ,			, - a a g a a a g		, , , , , , , , , , , , , , , , , , , ,	near releas,	and doodpt	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable (NO	TE Registered	Agent signature required	when reinstating)		DATE			
	TLE NOW!!! FEE IS \$150.00		, ,,, ,		•	9. Election Campai	tan Financina		00 May Be	
After Make Chec	May 1, 2005 Fee Will Be \$550 k Payable to Florida Departmen	.00 t of State				Trust Fund Cont			ed to Fees	
10.		ND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIF	RECTOR	S IN 11	
TITLE NAME	DP HALL, J. BRADLEY	☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS	467 TIVOLI RD		STREE	I ADDRESS						
CITY ST-ZIP	JACKSONVILLE FL 32259	☐ Delete	CHY-	S1 - ZIP		<u> </u>	52C01 F	Change	Addition	
NAME		L Detete	NAME			02/10/05-80	jö51-902	150.0		
STREET AODRESS City+St-Zip				TADDRESS ST-ZIP						
TITLE		Delete	nne					Change	☐ Addition	
name Street address			NAME STREE	T ADDRESS						
CITY ST-ZIP				\$1-7IP		<u> </u>				
TITLE NAME		☐ Delete	DITLE NAME				Ų	Change	Addition Addition	
STREET ADDRESS CITY+ST-ZIP			STRFE CITY-S	T ADDRESS ST - 71P						
MILE		☐ Delete	JUFLE			· <u> </u>		Change	Addition	
NAME STREET ADDRESS			NAME	TADDRESS						
CITY-ST-ZIP			CITY-S							
TITLE NAME		☐ Delete	TITLE NAME					Change	Addition	
STREET ADDRESS			STREET	T ADDRESS						
CITY-ST-ZIP	certify that the information a malifad	with this filing does not quality for	CiTY-S		etion 110.07/0/	N Florida Protesta	further seelf :	has shart		
indicated indicated of the col changed	certify that the information supplied viden this report or supplemental report or supplemental report poration or the receiver or trustee er , or on an attachment with an address	war this ning does not qualify to rt is true and accurate and that npowered to execute this report is, with all other like empowered	or the exemmy signatu t as required.	iption stated in Se tre shall have the : ad by Chapter 607	ection 119.07(3)(same legal effec 7, Florida Statute	ij, Florida Statutes, [t as if made under oa s; and that my name	urtner certify that I am a appears in Bk	nat the ir n officer ock 10 or	normation or director Block 11 if	
SIGNAT	TURE:	}								
<u> </u>	SIGNATURE AND TYPED O	DRYRINTED NAME OF SIGNING OFFICER	OR DIRECTO	JR	<u> </u>	Date	Dayımı	e Phone #		