

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90113 010 ***150.00

DOCUMENT # P02000065898 1. Entity Name BRAD HALL, D.M.D., P.A.					
Principal Place of Business 12443 SAN JOSE BLVD BLDG 1 SUITE 101 JACKSONVILLE, FL 32223			Mailing Address PO BOX 600577 JACKSONVILLE, FL 32260		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 46-0489028				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BARKER, EARL M JR 334 E DUVAL ST JACKSONVILLE, FL 32202-2718			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 reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HALL, J. BRADLEY 467 TIVOLI RD JACKSONVILLE, FL 32259 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1109 Kingland Court Jacksonville, FL 32259 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
				Date Daytime Phone #	

ATTACHMENT

SLOTT, BARKER & NUSSBAUM

ATTORNEYS AT LAW

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

334 EAST DUVAL STREET
JACKSONVILLE, FLORIDA 32202
TELEPHONE (904) 353-0033
TELECOPIER (904) 355-4148

40062091

April 24, 2006

ARNOLD H. SLOTT, P.A.*
E-mail: ahsloott@bellsouth.net

EARL M. BARKER, JR., P.A.
E-mail: embarker@bellsouth.net

WILLIAM NUSSBAUM, P.A.**
E-mail: nusslaw3@bellsouth.net

* CERTIFIED CIRCUIT CIVIL MEDIATOR
** BOARD CERTIFIED REAL ESTATE LAWYER

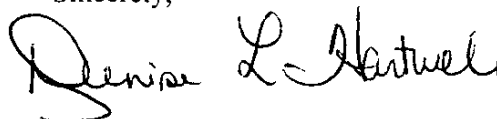
Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: Brad Hall, D.M.D., P.A.
Document Number- P02000065898

Ladies and Gentlemen:

Please file the enclosed 2006 Annual Report for the above referenced corporation. I enclose a check in the amount of \$150.00 in payment of the filing fee.

Sincerely,



Denise L. Hartwell
Legal Assistant

/dlh
Enclosures