2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 17, 2006 8:00 am
Secretary of State
03-29-2006 90156 001 ***750.00

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1. Entity Name
CHRISTOPHER J. STANLEY, M.D., P.A.

Principal Place of Business	Mailing Address
1890 LPGA BLVD, STE 160 DAYTONA BEACH, FL 32117	1890 LPGA BLVD, STE 160 DAYTONA BEACH, FL 32117

DO NOT WRITE IN THIS SPACE

03022006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3692139
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~SNELL, GREGORY D ESQ.~~ WELCH, Matthew
~~700 W GRANDE BLVD, STE 107~~ PO Box 2599
~~DAYTONA BEACH, FL 32117~~ Daytona Beach FL 32115

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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.

222 SeaBreeze BV, Daytona Bch FL 32118

SIGNATURE: _____ 4.10.06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

TITLE	D
NAME	STANLEY, CHRISTOPHER J
STREET ADDRESS	1890 LPGA BLVD, STE 160
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: * _____ * 3/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #