

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 570205

FILED  
Jan 29, 2006  
Secretary of State

Entity Name: HANFORD G. BRACE, P.A.

## Current Principal Place of Business:

1575 OLEANDER DR.  
AVON PARK, FL 33825

## New Principal Place of Business:

2068 N. MORNINGSIDE RD.  
AVON PARK, FL 33825

## Current Mailing Address:

1575 OLEANDER DR.  
AVON PARK, FL 33825

## New Mailing Address:

2068 N. MORNINGSIDE RD.  
AVON PARK, FL 33825

FEI Number: 59-1791957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRACE, HANFORD G.  
1575 OLEANDER DR  
AVON PARK, FL 33825 US

## Name and Address of New Registered Agent:

BRACE, HANFORD G.  
2068 N. MORNINGSIDE RD.  
AVON PARK, FL 33825 US

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.

SIGNATURE: HANFORD BRACE

01/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BRACE, HANFORD G,  
Address: 1575 OLEANDER DR  
City-St-Zip: AVON PARK, FL 33825

Title: SV ( ) Delete  
Name: BRACE, ONA J,  
Address: 1575 OLEANDER DR  
City-St-Zip: AVON PARK, FL 33825

Title: P (X) Delete  
Name: BRACE, HG,  
Address: 1575 OLEANDER DRIVE  
City-St-Zip: AVON PARK, FL 33825

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BRACE, HANFORD G,  
Address: 2068 N. MORNINGSIDE RD.  
City-St-Zip: AVON PARK, FL 33825

Title: SV (X) Change ( ) Addition  
Name: BRACE, HANFORD G M.D.P.A  
Address: 2068 N. MORNINGSIDE RD.  
City-St-Zip: AVON PARK, FL 33825 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HANFORD BRACE

PRES

01/29/2006

Electronic Signature of Signing Officer or Director

Date