
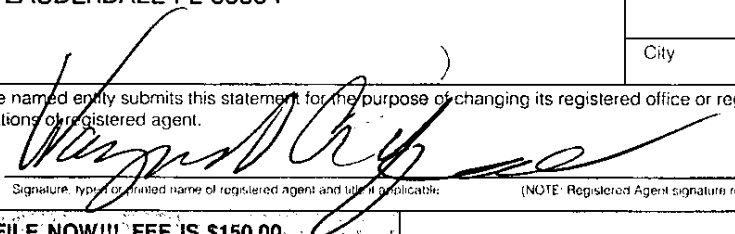


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90003 038 \*\*\*150.00

<b>DOCUMENT # 604157</b> 1. Entity Name <b>WAYNE P. CRAWFORD D.C., P.A.</b>					
Principal Place of Business <b>201 W OAKLAND PARK BLVD</b> <b>FT LAUDERDALE FL 33319</b> <b>US</b>			Mailing Address <b>201 W OAKLAND PARK BLVD</b> <b>FT LAUDERDALE FL 33319</b> <b>US</b>		
2. Principal Place of Business <b>201 W Oakland Park Blvd</b> Suite, Apt. #, etc.			3. Mailing Address <b>Same</b> Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number <b>59-1459944</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CRAWFORD, WAYNE P. D.C.</b> <b>1412 N.E. 4TH AVENUE</b> <b>FT. LAUDERDALE FL 33304</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE   <small>Signature, typed or printed name of registered agent and title, if applicable.</small> </div> <div style="width: 40%; text-align: right;"> <b>2/8/06</b>  <small>DATE</small> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRAWFORD, WAYNE P. <del>1412 N.E. 4TH AVENUE</del> FT. LAUDERDALE FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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1st MOORE CR2E034 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or other line empowered.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/06 954-463 3569**  
Date Daytime Phone #