

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F52540

1. Entity Name

FONTAINE CHIROPRACTIC CLINIC, P.A.



Principal Place of Business

2121 SIESTA DRIVE
SARASOTA FL 34239

Mailing Address

2121 SIESTA DR
SARASOTA FL 34239



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-2155659

Applied For

Not Applied

Zip

Country

Zip

Country

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

STINNETT, ANNE G.
2055 WOOD STREET SUITE 104
SARASOTA FL 34236

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
PDT
FONTAINE, NAOMI
2121 SIESTA DR
SARASOTA FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
UN0000457763
03/17/06-80017-021 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
DUFFY, STEPHEN
7324 COVE TERRACE
SARASOTA FL 34231 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: *Dr. Fontaine*

3/2/06 941-365-2373