2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H85969

1. Entity Name
DAVID K. ROUSE, D.C., P.A.

Principal Place of Business	Mailing Address
2711 UNIVERSITY BLVD. N. JACKSONVILLE, FL 32211 US	2711 UNIVERSITY BLVD. N. JACKSONVILLE, FL 32211 US

DO NOT WRITE IN THIS SPACE

01162007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2602335	Not Applicable

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

6. Name and Address of Current Registered Agent

ROUSE, DAVID K
2711 UNIVERSITY BLVD. N.
JACKSONVILLE, FL 32211

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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.

SIGNATURE _____

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, 2007 Fee will be $550.00 | **9.** Election Campaign Financing
Trust Fund Contribution.   ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROUSE, DAVID K
STREET ADDRESS	2711 UNIVERSITY BLVD. N.
CITY-ST-ZIP	JACKSONVILLE, FL 32211

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000709208
04/24/07-80146-003 150.00

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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: _David K. Rouse DC PA._ _David K. Rouse DCPA_ _3-1-07_ _904/743-6700_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #