2006 FOR PROFIT CORPORATION **ANNUAL REPORT FILED** Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # K80479 1. Entity Name BRYAN K. ISBELL, D.C., P.A. Mailing Address Principal Place of Business 257 WEST BRANDON BOULEVARD 257 WEST BRANDON BOULEVARD BRANDON, FL 33511 BRANDON, FL 33511 02082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2943468 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ISBELL, BRYAN DO NOT WRITE 257 WEST BRANDON BLVD. BRANDON, FL 33511 IN THIS SPACE 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, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE NAME ISBELL, BRYAN K. 257 WEST BRANDON BLVD. STREET ADDRESS BRANDON, FL CITY-ST-7IP TITLE NAME STREET ADDRESS 1100000527376 NSZN4ZN6-80108-025 150.00 CITY-ST-ZIP TITLE MARKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TATLE NAME STREET ADDRESS

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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

813-6-85-1024