


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90118 022 \*\*\*150.00

**DOCUMENT # K94154**

1. Entity Name  
**MICHAEL D. HALL, D.P.M., P.A.**



Principal Place of Business      Mailing Address

9750 NW 33 ST      9750 NW 33 ST  
 SUITE 202      SUITE 202  
 CORAL SPRINGS FL 33065      CORAL SPRINGS FL 33065



1st MOORE      CR2E034 (10/05)

2. Principal Place of Business      3. Mailing Address

*3100 Coral Hills DR.*      *3100 Coral Hills DR.*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

*204*      *204*

City & State      City & State

*Coral Springs FL*      *Coral Springs FL*

Zip      Zip      Country      Country

*33065*      *33065*      *Broward*      *Broward*

4. FEI Number      Applied For

**38-2341609**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HALL, MICHAEL D. DPM**  
 9750 NW 33 ST  
 SUITE 202  
 CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

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, the corporation.

SIGNATURE: *Michael D. Hall DPM*      DATE: *3/21/06*

(NOTE: Registered Agent signature required with constating)

**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

TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, MICHAEL D. DPM	
STREET ADDRESS	9750 NW 33 ST #202	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Michael D. Hall DPM*      DATE: *3/21/06 (954) 341-4306*

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