


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90058 006 \*\*\*150.00

**DOCUMENT # K94154**

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



Principal Place of Business  
 3100 CORAL HILLS DR  
 SUITE 204  
 CORAL SPRINGS FL 33065

Mailing Address  
 3100 CORAL HILLS DR  
 SUITE 204  
 CORAL SPRINGS FL 33065



2. Principal Place of Business - No P.O. Box #  
**2901 Coral Hills Dr. 330**

3. Mailing Address  
**2901 Coral Hills Dr.**

Suite, Apt. #, etc. **330**

1st MOORE CR2E034 (10/06)

City & State  
**CORAL SPRINGS, FL**

City & State  
**CORAL SPRINGS, FL**

Zip **33065** Country **USA**

Zip **33065** Country **USA**

4. FEI Number **38-2341609**

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 **MICHAEL D. HALL, D.P.M.**

Street Address (P.O. Box Number is Not Acceptable)  
**2901 CORAL HILLS DR, 330**

City **CORAL SPRINGS** State **FL** Zip Code **33065**

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 agents.

SIGNATURE \_\_\_\_\_ DATE **01/17/2007**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
 Trust Fund Contribution.  **Added to Fees**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP	HALL, MICHAEL D. D.P.M. 2901 CORAL HILLS DR. 330 CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael D. Hall*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **01/17/2007**  
 DAYTIME PHONE #: **954-341-1306**