

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L32915

FILED
May 02, 2006
Secretary of State

Entity Name: THE BALANCE DISORDERS CLINIC, INC.

Current Principal Place of Business:

1401 CENTERVILLE RD., SUITE 510
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13393
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 59-2984100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAITLAND, CHARLES G
4935 ARDEN FORREST WAY
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAITLAND, CHARLES G
Address: 4935 ARDEN FORREST WAY
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAITLAND, CHARLES G
Address: 4935 ARDEN FOREST WAY
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES G. MAITLAND, OWNER

DR.

05/02/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date