

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M90157

FILED
Jan 22, 2007
Secretary of State

Entity Name: HAL C. COWEN, D.C. A PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

C/O HAL C. COWEN
127 WEST 23RD
PANAMA CITY, FL 324054504

New Principal Place of Business:

Current Mailing Address:

C/O HAL C. COWEN
127 WEST 23RD
PANAMA CITY, FL 324054504

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COWEN, HAL C.
127 WEST 23RD
PANAMA CITY, FL 32401 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: D () Delete
Name: COWEN, HAL C.,
Address: 127 WEST 23RD
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: COWEN, HAL C.,
Address: 127 WEST 23RD
City-St-Zip: PANAMA CITY, FL 32405

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: HAL C. COWEN

Electronic Signature of Signing Officer or Director

DR.

01/22/2007

_____ Date