

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90088 008 ****61.25

DOCUMENT # N03000002010

1. Entity Name
ARLINGTON PROFESSIONAL CENTER THC, INC.



Principal Place of Business
% W. MORGAN SPEER
1800 AUSTRALIAN AVE SOUTH STE 100
WEST PALM BEACH, FL 33409

Mailing Address
% W. MORGAN SPEER
1800 AUSTRALIAN AVE SOUTH STE 100
WEST PALM BEACH, FL 33409

40100000



DO NOT WRITE IN THIS SPACE

03282007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
20-1774556

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SPEER, W MORGAN
1800 AUSTRALIAN AVE SOUTH STE 100
WEST PALM BEACH, FL 33409

**DO NOT WRITE
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

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DS
NAME PAYSINGER, DAVID
STREET ADDRESS 8057 ARLINGTON EXPRESSWAY
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE D
NAME SPEER, W. MORGAN
STREET ADDRESS 1800 AUSTRALIAN AVE. S. SUITE 100
CITY-ST-ZIP WEST PALM BEACH, FL 33409

TITLE
NAME
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IN THIS SPACE**

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 registered agent or trustee empowered to execute this report as required by Chapter 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #