

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 06, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000090309

1. Entity Name

GRANT-MELTON CHIROPRACTIC CLINIC P.A.



Principal Place of Business

1351 EAST CALL ST.  
TALLAHASSEE, FL 32301

Mailing Address

PO BOX 231  
TALLAHASSEE, FL 32302



01042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3745096

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANDERS, VERNON E  
250 E. SIXTH AVENUE  
TALLAHASSEE, FL 32303

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
P  
GRANT, PAUL  
1313 PIEDMONT DR.  
TALLAHASSEE, FL 32312

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
C  
MELTON, CAL  
3332 THOMAS BUTLER RD.  
TALLAHASSEE, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
TS  
GRANT, NAN  
1313 PIEDMONT DR.  
TALLAHASSEE, FL 32312

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

**DO NOT WRITE  
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 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: *Dr. J. Paul Grant*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-4-06 850 875-2369*