

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000077009	
1. Entity Name AMERICAN ACADEMY OF BALANCE MEDICINE, INC.	

Principal Place of Business 1945 LANE AVE. SOUTH, STE 5 JACKSONVILLE, FL 32210	Mailing Address PO BOX 7040 JACKSONVILLE, FL 32238
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DO NOT WRITE IN THIS SPACE



03202006 No Chg-P CRZE034 (11/05)

4. FEI Number 20-0137534	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CALLAHAN, WANDA L 1945 LANE AVE. SOUTH, STE 5 JACKSONVILLE, FL 32210
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**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 re-registering) **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	D GREEN, JACOB M.D. 3728 PHILIPS HWY STE 31 JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CALLAHAN, WANDA L 1945 LANE AVE. SOUTH, STE 5 JACKSONVILLE, FL 32210
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04/13/06-80009-021 150.00

**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: *Wanda L. Callahan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-06
Date

904-786-0846
Daytime Phone #