

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000133270

1. Entity Name
BONE-A-FIDE, INC.



Principal Place of Business
500 WEST 19TH STREET
PANAMA CITY, FL 32405

Mailing Address
500 WEST 19TH STREET
PANAMA CITY, FL 32405



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0282644

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARE, DIANE C CPA
2589 JENKS AVENUE
PANAMA CITY, FL 32405

**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 BSA if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	REED, MICHAEL MD
STREET ADDRESS	500 WEST 19TH STREET
CITY - ST - ZIP	PANAMA CITY, FL 32405
TITLE	SD
NAME	MCCORMICK, MICHAEL MD
STREET ADDRESS	213 S. COVE TERRACE DR.
CITY - ST - ZIP	PANAMA CITY, FL 32401
TITLE	TD
NAME	GOODWILLER, STEVEN MD
STREET ADDRESS	402 WEST 19TH STREET
CITY - ST - ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000613864
02/06/07-80002-016 158.75

**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 another line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3007 887479463
Date Daytime Phone