2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

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Entity Name
HALL CHIROPRACTIC & SPORTS MEDICINE, P.A.

Principal Place of Business
[illegible] AIRPORT BOULEVARD
[illegible] C
PENSACOLA, FL 32504

Mailing Address
204 AZALEA STREET
GULF BREEZE, FL 32561

01042006 No Chg-P CR2E034 (11/05)

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4. FEI Number
54-2148751
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, JASON D
204 AZALEA STREET
GULF BREEZE, FL 32561

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000398350
01/30/06-80090-022 150.00

OFFICERS AND DIRECTORS

	P
[illegible] ADDRESS	HALL, JASON D
[illegible] ST-ZIP	204 AZALEA STREET
	GULF BREEZE, FL 32561
[illegible] ADDRESS	
[illegible] ST-ZIP	
[illegible] ADDRESS	
[illegible] ST-ZIP	
[illegible] ADDRESS	
[illegible] ST-ZIP	
[illegible] ADDRESS	
[illegible] ST-ZIP	
[illegible] ADDRESS	
[illegible] ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: [signature] DR. JASON HALL 1/15/05 850 474-6393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #