

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90248 002 \*\*\*150.00

**DOCUMENT # P05000080035**

1. Entity Name

DR. RANDAL L. BUTCH, D.C., P.A.



Principal Place of Business

17408 GULF BLVD.  
SUITE #1003  
REDINGTON SHORES FL 33708  
US

Mailing Address

17408 GULF BLVD.  
SUITE #1003  
REDINGTON SHORES FL 33708  
US



2. Principal Place of Business

8229 113TH ST.

Suite, Apt. #, etc.

3. Mailing Address

8229 113TH ST.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

SEMINOLE, FL

City & State

SEMINOLE, FL

4. FEI Number

20-3010460

Applied For

Not Applicable

Zip

33772

Country

US

Zip

33772

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BUTCH, RANDAL L DR.  
17408 GULF BLVD  
SUITE #1003  
REDINGTON SHORES FL 33708

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

8229 113TH ST.

City

SEMINOLE

FL

Zip Code

33772

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]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/06

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME BUTCH, RANDAL L DR.  
STREET ADDRESS 17408 GULF BLVD. SUITE #1003  
CITY-ST-ZIP REDINGTON SHORES FL 33708

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition  
NAME BUTCH, RANDAL L DR.  
STREET ADDRESS 8229 113TH ST.  
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/06

727-398-3999