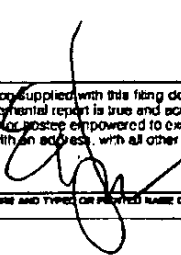


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

05-10-2006 90106 002 ***150.00

DOCUMENT # P05000148456			
1. Entity Name ERIC G HALL, MD, PA			
Principal Place of Business 640 EAST OCEAN BLVD STUART, FL 34994		Mailing Address 640 EAST OCEAN BLVD STUART, FL 34994	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 043835618		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HALL, ERIC G 640 EAST OCEAN BLVD STUART, FL 34994		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME ☐ Delete NAME Eric G. Hall, M.D. PA STREET ADDRESS 640 E. Ocean Blvd CITY-ST-ZIP Stuart, FL 34994		TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME ☐ 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 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: 		ERIC G. HALL PRESIDENT 04-27-06 772-287-2448	

ATTACHMENT

Eric G. Hall M.D. P.A.
640 E. Ocean Boulevard
Stuart, FL 34994

66022673
#P05000148456

7/31/06

Per my conversation E Euler, I need
only to put a P. for president before

Eric G. Hall M.D., P.A.

Thank you