

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2005 8:00 am
Secretary of State

07-28-2005 90004 030 ***150.00

DOCUMENT # P94000031126

1. Entity Name
JAMES R. M. BULLARD, M.D., P.A.



Principal Place of Business
**13230 U.S. HWY #1
SEBASTIAN, FL 32958**

Mailing Address
**13230 U.S. HWY #1
SEBASTIAN, FL 32958**

50058271



2. Principal Place of Business
14110 US Hwy 1

3. Mailing Address
Same

07122005 Chg-P CR2E034 (10/03)

City & State
Sebastian FL

Zip
32958

Country

4. FEI Number
65-0480584

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**BULLARD, JAMES
13230 U.S. HWY #1
SEBASTIAN, FL 32958**

7. Name and Address of New Registered Agent
Name
James Bullard
Street Address (P.O. Box Number is Not Acceptable)
14110 US Hwy 1
City
Sebastian FL Zip Code
32958

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] (NOTE: Registered Agent signature required when reinstating) DATE
7/27/05

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P BULLARD, JAMES 13230 US HWY #1 SEBASTIAN, FL 32958 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BULLARD, EMILY 13230 US HWY #1 SEBASTIAN, FL 32958 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|-----------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 14110 US Hwy 1 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 14110 US Hwy 1 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]** **James Bullard DC** **7/27/05** **5898749**



ATTACHMENT
50058271

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 12, 2005

JAMES R. M. BULLARD, M.D., P.A.
14110 U.S. HWY #1
SEBASTIAN, FL 32958

SUBJECT: JAMES R. M. BULLARD, M.D., P.A.
Ref. Number: P94000031126

Thank you for your correspondence of June 29, 2005, which has been forwarded to me for response.

Enclosed is the 2005 annual report for filing.

The fee to file the enclosed profit annual report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner
Senior Section Administrator

Letter Number: 805A00045896



DR. JAMES R.M. BULLARD, P.A.
CHIROPRACTIC PHYSICIAN

14110 U.S. HIGHWAY 1 • SEBASTIAN, FL 32958
(772) 589-8744

ATTACHMENT

09400003126
50058271

June 29, 2005

Division of Corporations
PO. Box 6198
Tallahassee, FL 32314-6198

To Whom It May concern:

I was unable to download the appropriate form from sunbiz.org and am therefore requesting that you please mail one to us.

We have moved because of the storms, and that may explain why we did not receive the first notification. If there is an additional fee, we would request that be waived due to the circumstances.

The new address is: 14110 US Hwy #1
(also noted on card) Sebastian, FL 32958

Thank you so much for your help in this---will we ever get back to normal??!!

Sincerely,

Emily A Bullard
Emily G. Bullard
Vice President