## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P94000078486

1. Entity Name

DAYTONA BEACH HAND CLINIC, INC.



**FILED** Jan 16, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

201 N CLYDE MORRIS BLVD

STE 230 DAYTONA BEACH, FL 32114 US 201 N CLYDE MORRIS BLVD

STE 230 DAYTONA BEACH, FL 32114



DO	N	OT	'WR	ITE	IN	THIS	SPA	CE
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CR2E034 (11/05)		
Applied For		
Not Applicable		

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name	and	Address	of	Current	R	90	ist	ore	d /	۱g	ent
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AUNSPAUGH, VICKI 6223 COQUINA CR PORT ORANGE, FL 32727

## 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 act the obligations of registered agent.  SIGNATURE  Signature, yound or prefered agent and title if applicable. (NOTE: Registered Agent signature required when recentainty)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  OFFICERS AND DIRECTORS  Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  TITLE  DATE  AUNSPAUGH, VICKI  201 N CLYDE MORRIS BLVD, STE 230  DAYTONA BEACH, FL 32114  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  STREET ADDRESS  THOUGHOUSE AGENT					·		
FILE NOWI!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  TITLE  AUNSPAUGH, VICKI  STREET ADDRESS  CITY-SI-ZIP  DAYTONA BEACH, FL 32114  ITILE  NAME  NAME  ONOTE: Regatered Agent signature required when renetating)  DATE  9. Election Campalgn Financing Trust Fund Contribution.  Added to Fees  \$5.00 May Be Added to Fees  Trust Fund Contribution.  Added to Fees  TITLE  D  AUNSPAUGH, VICKI  201 N CLYDE MORRIS BLVD, STE 230  DAYTONA BEACH, FL 32114	accept	th, in the State of Florida. I am familiar with, and ac	egistered agent, or b	ed office or r	ourpose of changing its registere		the obligat
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees  10. OFFICERS AND DIRECTORS  TITLE D AUNSPAUGH, VICKI 201 N CLYDE MORRIS BLVD, STE 230 DAYTONA BEACH, FL 32114  TITLE NAME		DATE	required when rematating)	Agent signature	fapplicable. (NOTE: Registered	Signature, typed or printed name of registered agent and title if	SIGNATURE_
TITLE D NAME AUNSPAUGH, VICKI STREET ADDRESS CITY-SI-ZIP DAYTONA BEACH, FL 32114  TITLE NAME						E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	FIL After Ma
NAME AUNSPAUGH, VICKI 201 N CLYDE MORRIS BLVD, STE 230 DAYTONA BEACH, FL 32114  TITLE NAME				I	TORS .	OFFICERS AND DIREC	10.
NAME		•			30	AUNSPAUGH, VICKI 201 N CLYDE MORRIS BLVD, STE 23	MAME Street Address
	.00	U00000586867 01/17/07-80010-022 150.0					NAME Street address
TIFLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE		NOT WRITE	DO				NAME Street address
IN THIS SPACE STREET ADDRESS CITY-SI-ZIP		THIS SPACE	IN				NAME Stréet adoress
ITTLE VAME STREET ADDRESS CITY-SI-ZIP							NAME Street adoress
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information	notice	Chaiga Cratura Husbac castle that the Information	trings in Chapter 11	mations con	ling door not qualify to the own	entify that the information cumpling with this filler	NAME Street address City-St-Zip

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.