

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000101962

1. Entity Name

J. JEFFREY BOS, D.C., P.A.



Principal Place of Business

1450 TUSCAWILLA ROAD
SUITE 100
WINTER SPRINGS FL 32708

Mailing Address

1450 TUSCAWILLA ROAD
SUITE 100
WINTER SPRINGS FL 32708



1st MOORE

CR2E034 (10/05)

4. FEI Number
59-3549228

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAMER, CHARLES W
1420 EDGEWATER DRIVE
ORLANDO FL 32804

7. Name and Address of New Registered Agent

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 reinstating)

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 D ☐ Delete
NAME BOS, J. JEFFREY
STREET ADDRESS 1450 TUSCAWILLA ROAD, SUITE 100
CITY-ST-ZIP ORLANDO FL 32708

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
1100000538662
05/09/06-80068-025 150.00

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-06

Date

407 695-3000

Daytime Phone #