


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90226 033 ***150.00

| | | | |
|--|---|---|---|
| DOCUMENT # P99000070603 1. Entity Name DR. MARK A. SPRADLEY, P.A. | |  | |
| Principal Place of Business 1529 S RIDGEWOOD AVE STE A DAYTONA BEACH, FL 32114 | | Mailing Address 1529 S RIDGEWOOD AVE STE A DAYTONA BEACH, FL 32114 | |
| 2. Principal Place of Business 345 BEVILLE RD #105 Suite, Apt. #, etc. | | 3. Mailing Address 345 BEVILLE RD #105 Suite, Apt. #, etc. | |
| City & State SOUTH DAYTONA, FL Zip 32119 Country USA | | City & State SOUTH DAYTONA, FL Zip 32119 Country USA | |
| 4. FEI Number 59-3591296 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 04142006 Chg-P CR2E034 (11/05) | |
| 6. Name and Address of Current Registered Agent SPRADLEY, MARK A DR. 1529 S RIDGEWOOD AVE STE A DAYTONA BEACH, FL 32114 | | 7. Name and Address of New Registered Agent Name SPRADLEY, MARK A., DR. Street Address (P.O. Box Number is Not Acceptable) 345 BEVILLE RD #105 City SOUTH DAYTONA FL Zip Code 32119 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SPRADLEY, MARK A DR. 1529 S RIDGEWOOD AVE #1 DAYTONA BEACH, FL 32114 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SPRADLEY, MARK A, DR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 345 BEVILLE RD, #105 SOUTH DAYTONA, FL 32119 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>X [Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | X 4/24/06 X3863046611 <small>Date Daytime Phone #</small> | |

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