

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90200 044 \*\*\*150.00

**DOCUMENT # S18985**

1. Entity Name  
 PHILLIP P. GAGER, D.C., P.A.



Principal Place of Business  
 4507 NORTH PINE ISLAND RD  
 SUNRISE, FL 33351 US

Mailing Address  
 4507 NORTH PINE ISLAND RD  
 SUNRISE, FL 33351 US

**DO NOT WRITE IN THIS SPACE**

40000000



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0232594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WAYNE HORWITZ, CPA  
 800 CORPORATE DRIVE  
 SUITE 310  
 FORT LAUDERDALE, FL 33334

**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 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**

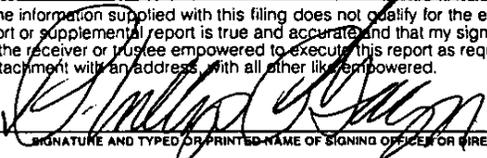
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GAGER, PHILLIP P. 11159 NW 39TH ST., #201 SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  15/1/06 ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #