


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90025 046 ***150.00

DOCUMENT # F31002
 1. Entity Name
 WILLIAM J. EICHELROTH, D.C., P.A.



Principal Place of Business Mailing Address
 14100 US #1 14100 US #1
 JUNO BEACH, FL 33408 US JUNO BCH, FL 33408 US

2. Principal Place of Business - No P.O. Box #
 16674 mellen Lane
 Suite, Apt. #, etc.

3. Mailing Address
 16674 mellen lane
 Suite, Apt. #, etc.



04282007 Chg-P CR2E034 (12/06)

City & State City & State
 Jupite Florida Jupiter Florida
 Zip Country Zip Country
 33478 US 33478 US

4. FEI Number Applied For
 59-2095918 Not Applicable

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

6. Name and Address of Current Registered Agent
 THOMAS E. LEE, JR., ESQ.
 1001 N. U.S. HIGHWAY ONE
 SUITE 500
 JUPITER, FL 33458

7. Name and Address of New Registered Agent
 Name William J. Eichelroth D.C.
 Street Address (P.O. Box Number is Not Acceptable)
 16674 mellen Lane
 City Jupiter FL Zip Code 33478

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: *William J. Eichelroth D.C., P.A.* WILLIAM J. EICHELROTH D.C., P.A. 4/28/07
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, 2007 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	PT EICHELROTH, WILLIAM J 14100 US # 1 JUNO BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EICHELROTH, ROBIN 14100 US # 1 JUNO BEACH, FL	<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	PT Eichelroth, William J 16674 mellen Lane Jupiter, FL 33478	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Eichelroth, Robin 16674 mellen Lane Jupiter, FL 33478	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 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: *William J. Eichelroth D.C., P.A.* WILLIAM J. EICHELROTH D.C., P.A. 4/28/07 561-214-5905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #