

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # J58826	
1. Entity Name CHIROPRACTIC HEALTH CENTER OF ENGLEWOOD, INC.	



Principal Place of Business 150 DEARBORN ST. ENGLEWOOD, FL 34223	Mailing Address 150 DEARBORN ST. ENGLEWOOD, FL 34223
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04262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2790788	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARMS, BARBARA L. 150 W DEARBORN ST ENGLEWOOD, FL 34223

**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 _____
Signature, typed or printed name of registered agent and file 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**

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

000000550817
05/13/06-80074-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PDV HARMS, DOUGLAS R. 150 W.DEARBORN ST. ENGLEWOOD, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PDV HARMS, BARBARA L. 150 W.DEARBORN ST. ENGLEWOOD, FL
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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: *Barbara L. Harms* **BARBARA L. HARMS** **4/26/2006 (941) 474-9374**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #