


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90249 018 \*\*\*150.00

**DOCUMENT # P04000050757**


1. Entity Name  
**KENDALL CHIROPRACTIC CENTER, INC.**



Principal Place of Business <b>9300 NW 25 STREET          107          MIAMI, FL 33172</b>	Mailing Address <b>9300 NW 25 STREET          107          MIAMI, FL 33172</b>
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2. Principal Place of Business - No P.O. Box # <b>1990 SW 1 street</b>	3. Mailing Address <b>1991 SW 1 street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami Florida</b>	City & State <b>Miami Florida</b>
Zip <b>33135</b>	Zip <b>33135</b>
Country <b>DADE</b>	Country <b>Dade</b>



03252008 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-0912491</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**CRUZ, DUNIESKY  
 10311 SW 134 AVE  
 MIAMI, FL 33186**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	PD CRUZ, DUNIESKY S 10311 SW 134 AVE MIAMI, FL 33186 <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**  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_