

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000155255

FILED
Feb 08, 2006
Secretary of State

Entity Name: HERON LAKES CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

5675 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

5675 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 20-1883685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JARED
5675 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33076 US

Name and Address of New Registered Agent:

COHEN, JARED S DR.
5675 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33076 US

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.

SIGNATURE: JARED COHEN

02/08/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COHEN, JARED S
Address: 5675 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP () Delete
Name: CAMPESI/COHEN, CATERINA S
Address: 5675 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COHEN, JARED S DR.
Address: 5675 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP (X) Change () Addition
Name: CAMPESI/COHEN, CATERINA S DR.
Address: 5675 CORAL RIDGE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JARED COHEN

DR.

02/08/2006

Electronic Signature of Signing Officer or Director

Date