


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P06000092545 1. Entity Name CHIROCARE OF ORLANDO PA	
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Principal Place of Business 1707 E MICHIGAN STREET ORLANDO, FL 32806	Mailing Address 1819 CHERRYWOOD CT ST CLOUD, FL 34769
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DO NOT WRITE IN THIS SPACE



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5202090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

REIS, LAWRENCE J  
1819 CHERRYWOOD CT  
ST CLOUD, FL 34769

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, 2008 Fee will be \$550.00**

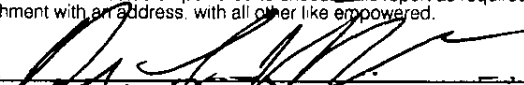
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD REIS, LAWRENCE J 1819 CHERRYWOOD CT ST CLOUD, FL 34769
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LASTARZA, ROLAND M 5326 CHISWICK CIRCLE ORLANDO, FL 32816
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000839364  
03/06/08-80030-001-150.00

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:  DATE: 2-17-08 DAYTIME PHONE #: 407 898-5781

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR