

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000100382

FILED
Jul 05, 2006
Secretary of State

Entity Name: BERTHIAUME CHIROPRACTIC, P.A.

Current Principal Place of Business:

1240 ROCKLEDGE BLVD
SUITE 7
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

1197 ROCKLEDGE BLVD
ROCKLEDGE, FL 32955 US

Current Mailing Address:

1240 ROCKLEDGE BLVD
SUITE 7
ROCKLEDGE, FL 32955 US

New Mailing Address:

1197 ROCKLEDGE BLVD
ROCKLEDGE, FL 32955 US

FEI Number: 59-3548612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERTHIAUME, RICHARD G
2164 ROYAL OAKS DRIVE
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: BERTHIAUME, RICHARD G DR.
Address: 2164 ROYAL OAKS DR.
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD G. BERTHIAUME

PRES

07/05/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date