


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # S81010**

1. Entity Name  
T.L.C. CHIROPRACTIC CENTER, INC.



Principal Place of Business 6555 NW 36 ST. 118 MIAMI, FL 33166 US	Mailing Address 6555 NW 36 ST. 118 MIAMI, FL 33166 US
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**DO NOT WRITE IN THIS SPACE**



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0284044	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fees Required
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6. Name and Address of Current Registered Agent

GIRALDEZ, SERGIO J PRES  
15244 SW 140 ST.  
MIAMI, FL 33196

**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, 2007 Fee will be \$550.00**

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

UD0000603452  
01/23/07-80014-005 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIRALDEZ, SERGIO J OWNER 15244 SW 140TH ST. MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEL CAMPILLO, MARIA OWNER 15244 S.W. 140 ST. MIAMI, FL 33196
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**DO NOT WRITE  
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: S. Giraldez 1/23/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #