


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

02-22-2006 90015 020 ***150.00

DOCUMENT # 487402	
1. Entity Name LAWRENCE CHIROPRACTIC CENTER, P.A.	

Principal Place of Business 2734 FOREST HILL BLVD. W. PALM BEACH FL 33406	Mailing Address 2734 FOREST HILL BLVD. W. PALM BEACH FL 33406
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2. Principal Place of Business 2734 Forest Hill Blvd	3. Mailing Address
Suite, Apt. #, etc. W. Palm Beach FL	Suite, Apt. #, etc.
City & State	City & State
Zip 33406	Country Palm Beach

8. Name and Address of Current Registered Agent LAWRENCE, JAMES S. 2734 FOREST HILL BLVD. W. PALM BEACH FL	
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4. FEI Number 59-1630860	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 *James S Lawrence* DATE 02-10-06

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LAWRENCE, JAMES S. 2734 FOREST HILL BLVD. W. PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, JAMES S. 2734 FOREST HILL BLVD. W. PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *James S Lawrence* DATE 3/6/06 DAYTIME PHONE # 561-965-4004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ATTACHMENT
66004356

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2006

LAWRENCE CHIROPRACTIC CENTER, P.A.
2734 FOREST HILL BLVD.
W. PALM BEACH, FL 33406

Subject: **LAWRENCE CHIROPRACTIC CENTER, P.A.**

Reference Number: **487402**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION