

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 547858

1. Entity Name
HOLLYWOOD CHIROPRACTIC CLINIC, INC.



Principal Place of Business

1250 E. HALLANDALE
2ND FLOOR
HALLANDALE, FL 33009

Mailing Address

1250 E. HALLANDALE BEACH BLVD
2ND FLOOR
HALLANDALE, FL 33009

FILED
Jul 23, 2008 08:00 AM
Secretary of State



07142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1763006	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

STOCK, EILEEN
6499 ROYAL MANOR CIRCLE
DELRAY BEACH, FL

**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
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STOCK, JAMES M 6499 ROYAL MANOR CIRCLE DELRAY BEACH, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCK, EILEEN 6499 ROYAL MANOR CIRCLE DELRAY BEACH, FL 33434
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07/23/08-80003-008 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-1-08