2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with

SIGNATURE AND TYPED

SIGNATURE:

## Aug 11, 2006 8:00 am Secretary of State **DOCUMENT # 605134** 1. Entity Name 08-11-2006 90003 029 \*\*\*150.00 HEISE CHIROPRACTIC CLINIC, P.A. Principal Place of Business Mailing Address 3592 ALOMA AVENUE 1935 STATE ROAD 436 WINTER PARK FL 32792 SUITE 3 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) 4. FEI Number Applied For City & State City & State 59-1522033 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEISE ーりどしくしゃり HEISE, (DOUGLAS A.) Street Address (P.O. Box Number is Not Acceptable) -4995 STATE POAD 436 -WINTER PARK-FL 32792 ALOMA AVE SUITE 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) FILE NOW!!! FEE(IS \$580,00) S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 6, 2006 late fee. By checking this box, the corporation certifies it did Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Delete ☐ Change Addition SCHILL, DR. C.D. NAME 1935 SEMORAN BLVD STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HEISE, DOUGLAS A. NAME NAME 1935 SEMORAN BLVD STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY - ST - ZIP D TITLE ☐ Delete TITLE Change ☐ Addition BOS, JOHN JEFF NAME NAME 820 DYSON DRIVE STREET ADDRESS STREET ADDRESS WINTER SPRINGS FL CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE DILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 anofficer 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

FILED



## HEISE CHIROPRACTIC CLINIC, P.A.

Semoran Chiropractic

Douglas A. Heise, D.C., D.A.C.B.N.

- Diplomate American Clinical
  Board of Nutrition
- Board Qualified/Orthopedics
- · Certified/Workers Compensation

1935 State Road 436 Winter Park, FL 32792-2244 Phone: 407.677.1660 Fax: 407.677.8252 www.heisechiropractic.com www.altmed-doc.com August 8, 2006

Fla, Dept of State Division of Corporations

Re: Armual report #605134

Enclosed find \$150.00 check for corporation filing.

The reason for late filing is that we never received the notice because of temporary relocation to another address following Hurricane Charlie. We continue to await settlement with State Farm to return, however it's been 2 years now with no certainty of a return date, therefore, we are amending an address change at this time. We are experiencing some difficulty in our mail service.

Sincerel<sup>3</sup>

Douglas A. Heise, D.C.