

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # F00458

1. Entity Name
**FAMILY CHIROPRACTIC HEALTH CENTER OF
FOTINOPOULOS, D.C. & RECKORD, D.C., P.A.**



Principal Place of Business
**2027 E EDGEWOOD DR
LAKELAND, FL 33803**

Mailing Address
**2027 E EDGEWOOD DR
LAKELAND, FL 33803**



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2033957

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RECKORD, MABBETT, K III
2027 EAST EDGEWOOD DR
LAKELAND, FL 33803**

**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 restate) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	RECKORD, MABBETT K
STREET ADDRESS	2322 ROSLYN LANE
CITY-STATE-ZIP	LAKELAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000001495653
04/21/06 80019-002 150.00

**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

4-5-06 863-665-9597
Date Daytime Phone #