

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92175

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Entity Name:** CRESTHAVEN CHIROPRACTIC CENTRE, INC.

**Current Principal Place of Business:**

2601-34 S MILITARY TRAIL  
WEST PALM BEACH, FL 33415 US

**New Principal Place of Business:**

**Current Mailing Address:**

2601-34 S MILITARY TRAIL  
WEST PALM BEACH, FL 33415 US

**New Mailing Address:**

FEI Number: 59-2202020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, LESLIE H  
2601-34 S. MILITARY TRAIL  
WEST PALM BEACH, FL 33415 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PVT ( ) Delete  
Name: COHEN, LESLIE H  
Address: 8095 STEEPLECHASE DR  
City-St-Zip: PALM BEACH GARDENS, FL 33418

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE H. COHEN

PVT

04/28/2006

Electronic Signature of Signing Officer or Director

Date