

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # F98496

1. Entity Name
FAMILY CHIROPRACTIC HEALTH CENTER, INC.



Principal Place of Business
**13070 CORTEZ BLVD.
BROOKSVILLE, FL 34613**

Mailing Address
**P.O. BOX 845
BROOKSVILLE, FL 34605**

DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2132375

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAHMER, DAVID K
13070 CORTEZ BLVD
BROOKSVILLE, FL 34613**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rechartering)

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 | P |
| NAME | DAHMER, DAVID K SR. |
| STREET ADDRESS | 26187 MOUNTAIN LAKE RD. |
| CITY-ST-ZIP | BROOKSVILLE, FL 34602 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

100000468739
03/25/06-80001-004 150.00

**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 it 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

3-13-06

Date

352-5346-9571

Daytime Phone #