2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G47786

1. Entity Name
CHIROPRACTIC CENTER OF MIRAMAR, INC.

Principal Place of Business	Mailing Address
7924 PINES BLVD. PEMBROKE PINES, FL 33024	7924 PINES BLVD. PEMBROKE PINES, FL 33024

02102008   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2301440	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

WOELTJEN, DONALD H
7924 PINES BLVD.
PEMBROKE PINES, FL 33024

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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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

U00000863672
04/03/08-80100-018 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	WOELTJEN, DONALD H
STREET ADDRESS	7924 PINES BLVD.
CITY-ST-ZIP	PEMBROKE PINES, FL 33024

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   3/17/08   954-961-6161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #