


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90206 014 ***150.00

DOCUMENT # H76373					
1. Entity Name FAMILY CHIROPRACTIC AND WELLNESS CENTER, P.A.					
Principal Place of Business 201 N. STATE ROAD 7 MARGATE, FL 33063		Mailing Address 201 N. STATE ROAD 7 MARGATE, FL 33063			
5645 Coral Ridge Dr., #123 Coral Springs, FL 33076					
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		05012006 Chg-P CR2E034 (11/05)	
Zip		Country		4. FEI Number 59-2586260	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JORDAN, JORDAN H 201 N ST RD 7 MARGATE, FL 33063			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
5645 Coral Ridge Dr. #123 Coral Springs, FL 33076					
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) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JORDAN, JORDAN H 201 N ST RD 7 MARGATE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	5645 Coral Ridge Dr. #123 Coral Springs, FL 33076				
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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: _____		Date: 5/4/06		Daytime Phone #: 974 973 3001	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					