

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90308 029 \*\*\*150.00

**DOCUMENT # J49802**

1. Entity Name

ROSEWOOD CHIROPRACTIC CENTER, INC.



Principal Place of Business

320 W FLETCHER AVE #105  
TAMPA FL 33612  
US

Mailing Address

320 W FLETCHER AVE #105  
TAMPA FL 33612  
US



2. Principal Place of Business

2142 Ashley Oaks Circle

3. Mailing Address

2142 Ashley Oaks Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wesley Chapel FL

City & State

Wesley Chapel FL

Zip

33543

Country

USA

Zip

33543

Country

USA

4. FEI Number

59-2885809

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BALLINGER, SHERYL A  
320 W FLETCHER AVE #105  
TAMPA FL 33612

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

4-3-06

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BALLINGER, SHERYL A.	
STREET ADDRESS	320 W FLETCHER AVE #105	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4-3-06 813-932-1609

Date

Daytime Phone #