

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J63648

FILED  
Jan 04, 2006  
Secretary of State

Entity Name: CARE CHIROPRACTIC CENTERS, INC.

**Current Principal Place of Business:**

3600 FOREST HILL BOULEVARD  
SUITE #3  
WEST PALM BEACH, FL 33406

**New Principal Place of Business:**

**Current Mailing Address:**

1490 S. MILITARY TR., SUITE #14  
WEST PALM BEACH, FL 33415

**New Mailing Address:**

3600 FOREST HILL BLVD  
SUITE # 3  
WEST PALM BEACH, FL 33406

FEI Number: 59-2797168

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALTMAN, EDWARD  
305 PILGRIM ROAD  
WEST PALM BEACH, FL 33405 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: P ( ) Delete  
Name: ALTMAN, EDWARD,  
Address: 305 PILGRIM ROAD  
City-St-Zip: WEST PALM BEACH, FL 33405

**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: EDWARD ALTMAN

DR.

01/04/2006

Electronic Signature of Signing Officer or Director

Date