


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90021 026 ***150.00

DOCUMENT # J85707	
1. Entity Name FAMILY CHIROPRACTIC CENTER OF WEST LAKE WORTH, P.A.	

Principal Place of Business 3938 PINEHURST DRIVE LAKE WORTH, FL 33467	Mailing Address 3938 PINEHURST DRIVE LAKE WORTH, FL 33467
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DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0012002	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DIMARCO, DEXTER D D.C. 3938 PINEHURST DR GREEN ACRES, FL 33467
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DIMARCO, DR DEXTER 3938 PINEHURST DR LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 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 	2/17/06 (561) 641-4900
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>



ATTACHMENT

40037801

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2006

FAMILY CHIROPRACTIC CENTER OF WEST LAKE WORTH, P.A.
3938 PINEHURST DRIVE
LAKE WORTH, FL 33467

Subject: **FAMILY CHIROPRACTIC CENTER OF WEST LAKE WORTH, P.A.**

Reference Number: **J85707**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION