


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2007 08:00 AM
Secretary of State


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



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0012002	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

**DIMARCO, DEXTER D D.C.
 3938 PINEHURST DR
 GREEN ACRES, FL 33467**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

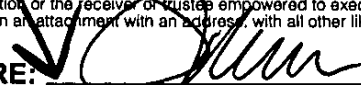
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DIMARCO, DR DEXTER 3938 PINEHURST DR LAKE WORTH, FL 33467
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 01/25/07-80019-005 150.00

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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:  **1/22/07 5616414900**

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