

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # K14626**

1. Entity Name  
**RICHARD S. KLEIN, D.C., P.A.**



Principal Place of Business  
**23008 SANDALFOOT PLAZA DR  
 BOCA RATON, FL 33428**

Mailing Address  
**23008 SANDALFOOT PLAZA DR  
 BOCA RATON, FL 33428**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0030701** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**KLEIN, RICHARD S  
 23008 SANDALFOOT PLAZA DR  
 BOCA RATON, FL 33428**

**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

*[Signature]*  
 Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-21-06**

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

000001478983  
 04/08/06-80026-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE **D**  
 NAME **KLEIN, RICHARD S.**  
 STREET ADDRESS **23008 SANDALFOOT PLAZA**  
 CITY-ST-ZIP **BOCA RATON, FL**

TITLE  
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 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Richard S. Klein DC PA*

Date

Daytime Phone #

**3-21-06 (561) 483-99**