

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-17-2006 90142 041 ***150.00

DOCUMENT # K26518

1. Entity Name
ABC CHIROPRACTIC THERAPEUTIC WELLNESS, INC.,
JEFFREY S. HOFFMAN, DC, PA



Principal Place of Business
3491 WOOLBRIGHT ROAD
BAY #3
BOYNTON BEACH, FL 33436

Mailing Address
6542 NEWPORT LK CIRCLE
BOCA RATON, FL 33496

66008316



03092006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0054809

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HOFFMAN, RANDIE H.
6542 NEWPORT CK CIR
BOCA RATON, FL 33496

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
C
HOFFMAN, JEFFREY S.
6541 NEWPORT LAKE CIR
BOCA RATON, FL 33496

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
HOFFMAN, RANDIE
6542 NEWPORT LK CIR
BOCA RATON, FL 33496

TITLE
NAME
STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/06 SD 2714187
Date Daytime Phone #