

2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 07, 2006
Secretary of State**

DOCUMENT# K62963

Entity Name: JOSEPH MARFISI, D.C., P.A.

Current Principal Place of Business:

2650 MILITARY TRAIL
SUITE 12
WEST PALM BEACH, FL 33415

New Principal Place of Business:

Current Mailing Address:

2650 SOUTH MILITARY TRAIL
SUITE 12
WEST PALM BEACH, FL 33415

New Mailing Address:

FEI Number: 65-0098351 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARFISI, JOSEPH
2650 SOUTH MILITARY TRAIL
SUITE 12
WEST PALM BEACH, FL 33415 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: DPT () Delete
Name: MARFISI, JOSEPH,
Address: 2650 SOUTH MILITARY TRAIL, SUITE 12
City-St-Zip: WEST PALM BEACH, FL 33415

Title: S () Delete
Name: MARFISI, YANET
Address: 2650 SOUTH MILITARY TRAIL, SUITE 12
City-St-Zip: WEST PALM BEACH, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH MARFISI

D

03/07/2006

Electronic Signature of Signing Officer or Director

_____ Date