

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 28, 2008 08:00 AM
Secretary of State**

DOCUMENT # L24831

1. Entity Name
SCOMA CHIROPRACTIC, P.A.



Principal Place of Business
**C/O LOUIS SCOMA
3714-C DEL PRADO BLVD.
CAPE CORAL, FL 33904-7141**

Mailing Address
**C/O LOUIS SCOMA
3714-C DEL PRADO BLVD.
CAPE CORAL, FL 33904-7141**



01202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0159053	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCOMA, LOUIS
3714-C DEL PRADO BLVD.
CAPE CORAL, FL**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	D SCOMA, LOUIS 3714-C DEL PRADO BLVD. CAPE CORAL, FL
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02/01/08-80042-024 150.00

**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: *DR Louis Scoma*

1/21/08 *239*
945-1717

Date Daytime Phone #