


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L27191
 1. Entity Name
 THIRD AVENUE CHIROPRACTIC CENTER, INC.



Principal Place of Business: % DR. MARTIN J. ALPERT, 300 W. SUNRISE BLVD., SUITE 7, FT. LAUDERDALE, FL 33311
 Mailing Address: % DR. MARTIN J. ALPERT, 300 W. SUNRISE BLVD., SUITE 7, FT. LAUDERDALE, FL 33311

DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CRZE034 (11/05)
 4. FEI Number: 65-0155765 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ALPERT, MARTIN J. (DR.)
 300 W SUNRISE BLVD, STE 7
 FT. LAUDERDALE, FL 33311

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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: *DR. Martin J. Alpert* DR. MARTIN J. ALPERT, Director/Pres. 4/20/06
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	DP
NAME	ALPERT, MARTIN J. (DR.)
STREET ADDRESS	300 W. SUNRISE BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/05/06-80111-003 158.75

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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: *DR. Martin J. Alpert* DR. MARTIN J. ALPERT, Director/Pres. 4/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR