

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90040 038 ***150.00

DOCUMENT # L85835

1. Entity Name

ALL HEALTH CHIROPRACTIC CENTER, P.A.



Principal Place of Business

6872 N.W. 169 ST.
MIAMI FL 33015

Mailing Address

6872 N.W. 169 ST.
MIAMI FL 33015

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0206632

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMALIAN, PETER
313 NE 5TH CT.
DANIA FL 33004

Name

Peter Hamalian

Street Address (P.O. Box Number is Not Acceptable)

6785 N.W. 169 ST. #0

City

Miami

FL

Zip Code

33015

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PST
HAMALIAN, PETER B.
313 NE 5TH CT.
DANIA FL 33004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
6785 N.W. 169 ST. #0
Miami, FL 33015 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V
HAMALIAN, KETTY N
313 N.E. 5TH CT.
DANIA FL 33004 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
6785 N.W. 169 ST. #0
Miami, FL 33015 ☒ Change ☐ Addition

TITLE
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CITY- ST- ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-07

Date

Daytime Phone #