2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M19480 1. Entity Name DR. ANDREW I. CAINE, D.C., P.A.



FILED
May 01, 2006 08:00 Al
Secretary of State

Principal Place of Business

WELLINGTON, FL 33414 US

12693 WESTHAMPTON CIR

Mailing Address

12693 WESTHAMPTON CIR WELLINGTON, FL 33414 US



DO NOT WRITE IN THIS SPACE

8. The shows named solity submits this statement for the suppose of changing its registered office as registered and as half in the Ob-

4. FEI Number Applied For 59-2576967 Not Applied ble

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

CAINE, ANDREW I. 12693 WESTHAMPTON CIR WELLINGTON, FL 33414

SIGNATURE:

DO NOT WRITE IN THIS SPACE

No Chg-P

the obligat	tions of registered agent.	n bose or custiging its lef	hareven overe or redistrated aftern' of pr	out, iit the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE, Re	agistered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finan After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.			Financing \$5.00 May Be	The second of th
10.	OFFICERS AND DIREC	TORS		**************************************
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CAINE, ANDREW I. 12693 WESTHAMPTON CIR WELLINGTON, FL 33414			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000552793 05/15/06-80024-022 150.00
TITLE MAME STREET ADDRESS COTY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				·
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 supplied and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of truster 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 simpowered.				