

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90020 012 ***150.00

DOCUMENT # M85790			
1. Entity Name COOPER CHIROPRACTIC AND NEUROLOGICAL DIAGNOSTIC CENTER, P.A.			
Principal Place of Business 1501 ROBERT J CONSAN BLVD NE SUITE # 03 PALM BAY FL 32905 US		Mailing Address 1501 ROBERT J CONSAN BLVD NE SUITE # 03 PALM BAY FL 32905 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2895599		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOPER, STANTON T 1501 ROBERT CONLAN BLVD NE PALM BAY FL 32905		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AR. STANTON T. COOPER 2-28-06 321-726 8116