
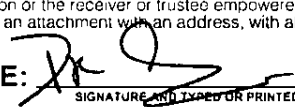


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
ORIGINAL
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # M93594 1. Entity Name LAKE WORTH CHIROPRACTIC CENTER, INC.					
Principal Place of Business 5817 LAKEWORTH ROAD LAKE WORTH, FL 33463			Mailing Address 5817 LAKEWORTH ROAD LAKE WORTH, FL 33463		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0068681	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MALTZMAN, RICHARD 5817 LAKEWORTH RD LAKE WORTH, FL 33463			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 _____ (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. <input type="checkbox"/> \$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-STATE-ZIP	PST MALTZMAN, RICHARD 3817 LAKEWORTH RD LAKE WORTH, FL 33463		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000843221 03/11/08-80061-018 150.00	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MALTZMAN, RICHARD 3817 LAKEWORTH ROAD LAKE WORTH, FL 33463		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Feb 5 08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		