

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N00869 1. Entity Name COUNCIL ON ORTHOPEDICS OF THE FLORIDA CHIROPRACTIC ASSOCIATION, INC.					
Principal Place of Business C/O DR. RANDOLPH C. HARDING 2326 US HIGHWAY 19 HOLIDAY FL 34691-3996			Mailing Address C/O DR. RANDOLPH C. HARDING 2326 US HIGHWAY 19 HOLIDAY FL 34691-3996		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2355846 ☐ Applied For ☐ Not Applied	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent HARDING, DR. RANDOLPH C. 2326 US HIGHWAY 19 HOLIDAY FL 34691-0996				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
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 \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BYRON, CLARK 3105 W WATERS AVE SUITE 210 TAMPA FL 33614	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000455782 03/16/06-80002-011 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HARDING, DR. RANDOLPH C. 2326 US HWY 19 HOLIDAY FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC SHONTZ, MIKE 2326 US HWY 19 HOLIDAY FL 34691	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
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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 617, 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.

Randolph C. Harding

3/16/06 2326 US HWY 19