

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90166 042 \*\*\*150.00

**DOCUMENT # P00000010983**

1. Entity Name  
**POLK CHIROPRACTIC ASSOCIATES, P.A.**



Principal Place of Business

12811 KENWOOD LN  
STE 118  
FORT MYERS, FL 33907

Mailing Address

6063 TIMBERWOOD CIR  
302  
FORT MYERS, FL 33908

2. Principal Place of Business

**6063 Timberwood Circle**  
Suite, Apt. #, etc.  
**Unit 302**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Fort Myers, FL**

Zip  
**33908**

Country  
**USA**

Zip

Country

03312006

Chg-P

CR2E034 (11/05)

4. FEI Number

**65-0977311**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**POLK, D.MICHAEL D.C.**  
**6063 TIMBERWOOD CIRCLE,#302**  
**FT. MYERS, FL 33908**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DC** ☐ Delete  
NAME **POLK, D.MICHAEL D.C.**  
STREET ADDRESS **6063 TIMBERWOOD CIRCLE,#302**  
CITY-ST-ZIP **FT. MYERS, FL 33908**

TITLE **DC** ☐ Delete  
NAME **POLK, CAREN M D.C.**  
STREET ADDRESS **6063 TIMBERWOOD CIRCLE,#302**  
CITY-ST-ZIP **FT. MYERS, FL 33908**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 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:**

**Caren M. Polk DC Caren M. Polk, DC**

**3/30/06 239-415-3088**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #