2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90133 040 ***150.00

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1. Entity Name
FURSHMAN AND DAVIS CHIROPRACTIC CENTERS INC.

Principal Place of Business	Mailing Address
460 SOUTH DIXIE HWY., STE. A CORAL GABLES, FL 33146	460 SOUTH DIXIE HWY., STE. A CORAL GABLES, FL 33146

DO NOT WRITE IN THIS SPACE

04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0988500
Applied For
Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FURSHMAN, HOWARD L DR.
460 SOUTH DIXIE HWY., STE. A
CORAL GABLES, FL 33146

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	FURSHMAN, HOWARD L DR.
STREET ADDRESS	460 SOUTH DIXIE HWY., STE. A
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	SD
NAME	DAVIS, MAUREEN DR.
STREET ADDRESS	460 SOUTH DIXIE HWY., STE. A
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 4.29.05 305-668-9545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #