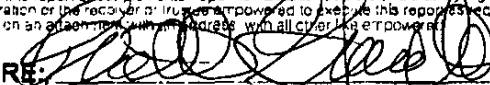


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000038045														
1. Entity Name B&D CHIROPRACTIC CENTER, INC														
Principal Place of Business 815 SE 1ST AVE HALLANDALE, FL 33009	Mailing Address 815 SE 1ST AVE HALLANDALE, FL 33009													
DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent DORFMAN, DAVID J 815 SE 1ST AVE HALLANDALE, FL 33009		DO NOT WRITE IN THIS SPACE												
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 required on this statement if registered agent and officer/director (NOT if Registered Agent is a corporation or other entity) (X) E														
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees												
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>D DORFMAN, DAVID J 511 BAYSHORE DR., #208 FT. LAUDERDALE, FL 33304</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>D GREENWALD, BRETT 8495 SE MANGROVE ST. HOBE SOUND FL 33455</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DORFMAN, DAVID J 511 BAYSHORE DR., #208 FT. LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D GREENWALD, BRETT 8495 SE MANGROVE ST. HOBE SOUND FL 33455	TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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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 my signature with all other information empowered. SIGNATURE:  4/30/07 954-818-9484 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone														



G5012007 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0988350** Applied For ☐ Not Applicable ☐

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

U00000760767
05/25/07-80028-012 150.00

**DO NOT WRITE
IN THIS SPACE**

C/L#1725