2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000085371

1. Entity Name
MEDICAL & CHIRO OF RIVIERA BEACH, INC.

Principal Place of Business	Mailing Address
4021 NORTH ANDREWS AVENUE, 6 FORT LAUDERDALE, FL 33309	4021 NORTH ANDREWS AVENUE, 6 FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

04252006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-1038365	Not Applicable

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

6. Name and Address of Current Registered Agent

PELLEGRINO, SAL
4021 NORTH ANDREWS AVENUE, 6
FORT LAUDERDALE, FL 33309

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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 _____   *Sal Pellegrino*   _____
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	D
NAME	PELLEGRINO, SAL
STREET ADDRESS	4021 NORTH ANDREWS AVENUE, 6
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309

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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 an address, with all other like empowered.

SIGNATURE: _____ *Sal Pellegrino* 4/25/06   954 396-9943
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #