


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90213 008 ***150.00

DOCUMENT # P00000090628 1. Entity Name RIVERVIEW FAMILY CHIROPRACTIC CENTER, P.A.					
Principal Place of Business 11681 BOYETIE ROAD RIVERVIEW, FL 33569-5531			Mailing Address 11681 BOYETIE ROAD SUITE 106 RIVERVIEW, FL 33569-5531		
2. Principal Place of Business 11681 Boyette Rd		3. Mailing Address 11681 Boyette Rd		 02112006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc. no suite		Suite, Apt. #, etc. no suite			
City & State Zip Country		City & State Zip Country			
4. FEI Number 59-3671696				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent JARVIS, TODD M D.C. 1949 ERIN BROOKE DRIVE VALRICO, FL 33594-4012	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 13331 JAUDON RANCH ROAD City DOVER FL Zip Code 33527					
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 <u>TODD M. JARVIS</u> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARVIS, TODD M D.C. 1949 ERIN BROOKE DRIVE VALRICO, FL 335944012 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	13331 JAUDON RANCH ROAD DOVER, FL 33527 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>TODD M. JARVIS</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			(813) 741-0655 <small>Daytime Phone #</small>		