2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

04-04-2006 90048 040 ***150.00

DOCUMENT # P00000100483

1. Entity Name

SCHAFER HOLISTIC CENTER, P.A.

Principal Place of Business	Mailing Address
9070 58TH DR E 103 BRADENTON FL 34202	~~512 1ST AVE E~~ ~~BRADENTON FL 34208~~

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address 9070 58th Dr E	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 103	
City & State		City & State Bradenton Fl	
Zip	Country	Zip 34202	Country

4. FEI Number 65-1066118 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SCHAFER, ROBERT L D.C.
512 1ST AVE E
BRADENTON FL 34208

7. Name and Address of New Registered Agent

Name: Robert L Schafer D.C.
Street Address (P.O. Box Number is Not Acceptable): 9070 58th Dr E #103
City: Bradenton FL Zip Code: 34202

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] DATE: 3-28-06

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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 SCHAFER, ROBERT L D.C. 512 1ST AVE E BRADENTON FL 34208 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Robert L. Schafer 9070 58th Dr E #103 Bradenton FL 34202 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 3-28-06 941 727-4747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #