

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90039 047 ***150.00

DOCUMENT # P01000080665

1. Entity Name
**VILLAGE CHIROPRACTIC AND HEALING ARTS CENTER
P.A.**



Principal Place of Business
**6607 W BOYNTON BEACH BLVD.
BOYNTON BEACH, FL 33437**

Mailing Address
**6607 W BOYNTON BEACH BLVD.
BOYNTON BEACH, FL 33437**



01092008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

931 Village Blvd.

Suite, Apt. #, etc.

Suite 903

City & State

West Palm Bch, FL

Zip

33409

Country

US

3. Mailing Address

931 Village Blvd.

Suite, Apt. #, etc.

Suite 903

City & State

West Palm Bch, FL

Zip

33409

Country

US

4. FEI Number
65-1130100

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOROWITZ, DC, STEVEN
6607 W. BOYNTON BEACH BLVD.
BOYNTON BEACH, FL 33437**

7. Name and Address of New Registered Agent

Name **Steven Horowitz DC**

Street Address (P.O. Box Number is Not Acceptable)

931 Village Blvd, Suite 903

City

West Palm Bch

FL

Zip Code

33409

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Steven Horowitz DC 1/23/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete
NAME **HOROWITZ, STEVEN M**
STREET ADDRESS **6607 W. BOYNTON BEACH BLVD.**
CITY-ST-ZIP **BOYNTON BEACH, FL 33437**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition
NAME **Steven M. Horowitz**
STREET ADDRESS **931 Village Blvd, Suite 903**
CITY-ST-ZIP **West Palm Bch, FL 33409**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08 5616409090
Date Daytime Phone #