

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90225 030 \*\*\*150.00

**DOCUMENT # P01000112718**

1. Entity Name  
**CARON CHIROPRACTIC, P.A.**



Principal Place of Business  
**1224 EAST CONCORD ST.  
ORLANDO, FL 32803**

Mailing Address  
**1224 EAST CONCORD ST.  
ORLANDO, FL 32803**

20061503



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06292005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**80-0038497**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARON, DORIAN E  
545 DANIELS AVE.  
ORLANDO, FL 32801**

Name

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

**1230 E. Concord St.**

City

**Orlando**

FL

Zip Code

**32803**

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
CARON, DORIAN E  
545 DANIELS AVE.  
ORLANDO, FL 32801** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**1230 E. Concord St.  
Orlando, FL 32803** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

**Dorian E. Caron 6/29/05**

**407 616 5948**

ATTACHMENT

2006B03

PO 100012718



Dorian E. Caron, MS, DC

June 29, 2005

Florida Department of State  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

1224 East Concord St.

Orlando, FL 32803

ph 407.228.1140

fx 407.228.1141

CaronChiro@cfl.rr.com

To Whom It May Concern:

Please find enclosed my 2005 annual report. I did not receive any notification regarding filing my annual report until I received your postcard in the mail today. I would therefore like to request that you please waive any associated late fees. Thank you.

Sincerely,

*Dorian Caron*

Dorian Caron