

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90076 048 ***150.00

DOCUMENT # P01000113087

1. Entity Name
BELLE GLADE CHIROPRACTIC CLINIC, INC.



Principal Place of Business
1801 S. FEDERAL HIGHWAY
220
DELRAY BEACH, FL 33483

Mailing Address
5884 MICHAUX STREET
BOCA RATON, FL 33433

00031253



2. Principal Place of Business

5884 MICHAUX STREET

3. Mailing Address

Suite, Apt. #, etc.

03232005 Chg-P CR2E034 (10/03)

City & State

BOCA RATON, FLORIDA

City & State

4. FEI Number

65-1156717

Applied For

Not Applicable

Zip

33433

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DI CRISTOFARO, DANIEL
5884 MICHAUX STREET
BOCA RATON, FL 33433**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DI CRISTOFARO, DANIEL**
STREET ADDRESS **5884 MICHAUX ST**
CITY-ST-ZIP **BOCA RATON, FL 33433**

TITLE ☐ Delete
NAME **D APPLETON, PHILLIP**
STREET ADDRESS **1291 S POMPANO PKWY**
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

March 23/05 561271-7979