



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90033 048 ***150.00

DOCUMENT # P02000001922																																																																																																																																			
1. Entity Name VICKERS CHIROPRACTIC HEALTH CENTERS, PA																																																																																																																																			
Principal Place of Business 1048 U.S. HWY 27 SOUTH AVON PARK, FL 33825			Mailing Address 1048 U.S. HWY 27 SOUTH AVON PARK, FL 33825																																																																																																																																
2. Principal Place of Business 1116 Billy Martin Road		3. Mailing Address 1116 Billy Martin Road																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State Avon Park, FL		City & State Avon Park, FL																																																																																																																																	
Zip 33825		Country																																																																																																																																	
6. Name and Address of Current Registered Agent MCLEAN, DOUGLAS A 2707 GREENACRE DRIVE SEBRING, FL 33872				7. Name and Address of New Registered Agent: Name: <u>Bruce J. Lybarger P. A</u> Street Address (P.O. Box Number is Not Acceptable): <u>226 South Ridgewood Drive</u> City: <u>Sebring</u> FL Zip Code: <u>33870</u>																																																																																																																															
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>Bruce J. Lybarger</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																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">PDT</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">1116 Billy Martin Road</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>VICKERS, EDWARD</td> <td></td> <td>NAME</td> <td>Avon Park, FL 33825</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1048 U.S. HWY 27 SOUTH</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AVON PARK, FL 33825</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>DS</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>1116 Billy Martin Road</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>VICKERS, PAMELA</td> <td></td> <td>NAME</td> <td>Avon Park, FL 33825</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1048 U.S. HWY 27 SOUTH</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AVON PARK, FL 33825</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	PDT	<input type="checkbox"/> Delete	TITLE	1116 Billy Martin Road	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	VICKERS, EDWARD		NAME	Avon Park, FL 33825		STREET ADDRESS	1048 U.S. HWY 27 SOUTH		STREET ADDRESS			CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP			TITLE	DS	<input type="checkbox"/> Delete	TITLE	1116 Billy Martin Road	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	VICKERS, PAMELA		NAME	Avon Park, FL 33825		STREET ADDRESS	1048 U.S. HWY 27 SOUTH		STREET ADDRESS			CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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>Pamela Vickers</u>			2/2/06 (863) 453-0684																																																																																																																																
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #																																																																																																																																