

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000017833

1. Entity Name
KEENAN CHIROPRACTIC, P.A.



Principal Place of Business
**3388 WOODS EDGE CIR., STE 102
BONITA SPRINGS, FL 34134**

Mailing Address
**3388 WOODS EDGE CIR., STE 102
BONITA SPRINGS, FL 34134**



03082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **02-0549297** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KEENAN, MICHAEL JAY DR.
3388 WOODS EDGE CIR., STE 102
BONITA SPRINGS, FL 34134**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KEENAN, MICHAEL JAY
STREET ADDRESS 3388 WOODS EDGE CIR., STE 102
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE VP
NAME LOURIE, LYNN MARIE
STREET ADDRESS 3388 WOODS EDGE CIR., STE 102
CITY-ST-ZIP BONITA SPRINGS, FL 34134

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000000465568
03/22/06-80041-014 150.00

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IN THIS SPACE**

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: Lynn M. Lourie 3/8/06 239.949.0220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #