

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 10, 2007 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



04052007 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

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**  
**After May 1, 2007 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/19/07-80016-005 150.00

**DO NOT WRITE  
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* Lynn M. Lourie

4/5/07 239.949.0220