

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000013856	
1. Entity Name OCALA CHIROPRACTIC CENTER, PA	

Principal Place of Business 27 SE 11TH AVE. OCALA, FL 34471	Mailing Address 27 SE 11TH AVE. OCALA, FL 34471
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DO NOT WRITE IN THIS SPACE



06172006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0673800	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KREINBROOK, DAVID N
27 SE 11TH AVE.
OCALA, FL 34471

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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 _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	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.
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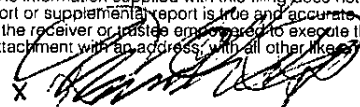
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KREINBROOK, DAVID N 27 SE 11TH AVE. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KREINBROOK, LISA 27 SE 11TH AVE. OCALA, FL 34471
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07/07/06-80002-019 150.00

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:  David Kreinbrook X 352-732-5590

/SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #