

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90147 030 ***150.00

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04262005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000040382 1. Entity Name WEST COAST MEDICAL AND CHIROPRACTIC GROUP, INC.					
Principal Place of Business 12955 BISCAYNE BLVD, STE 202 NORTH MIAMI, FL 33181			Mailing Address 12955 BISCAYNE BLVD, STE 202 NORTH MIAMI, FL 33181		
2. Principal Place of Business 17230 W. DIXIE HWY Suite, Apt. #, etc.		3. Mailing Address 17230 W. DIXIE HWY Suite, Apt. #, etc.			
City & State N. MIAMI BEACH, FL		City & State N. MIAMI BEACH, FL		4. FEI Number 56-2354638	
Zip 33181		Country MIAMI-DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POMERANZ, MARK L ESQ 12955 BISCAYNE BLVD, STE 202 NORTH MIAMI, FL 33181				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DVORKIN, EILEEN 17230 W. DIXIE HWY NORTH MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 all other like empowered.					
SIGNATURE:			DR EILEEN DVORKIN		
Typed or printed name of signing officer or director			Date 4-27-05		
			Daytime Phone # 305.948.9777		