

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

1. Entity Name  
LECHMAIER FAMILY CHIROPRACTIC CENTER, P.A.



**Mailing Address**  
**B52-35 SAXON BOULEVARD**  
**ORANGE CITY, FL 32763**

**DO NOT WRITE IN THIS SPACE**



03102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
33-1054117

Applied For	Not Applied
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LECHMAIER, TRICIA  
852-35 SAXON BOULEVARD  
ORANGE CITY, FL 32763

**DO NOT WRITE  
IN THIS SPACE**

6. 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, 2006 Fee will be \$550.00**

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

000000471182  
03/28/06-80043-018 150.00

10.	OFFICERS AND DIRECTORS
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TITLE	P
NAME	LECHMAIER, TRICIA
STREET ADDRESS	732 TOMLINSON TERRACE
CITY-ST-ZIP	LAKE MARY, FL 32746

TITLE	VP
NAME	LECHMAIER, CHRISTOPHER
STREET ADDRESS	732 TOMLINSON TERRACE
CITY-ST-ZIP	LAKE MARY, FL 32746

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**