

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90017 015 \*\*\*150.00

**DOCUMENT # P03000051624**

1. Entity Name  
**SOUTH FLORIDA CHIROPRACTIC AND REHABILITATION, INC.**



Principal Place of Business  
**BOCA SPINE AND WELLNESS CENTER**  
**299 WEST CAMINO GARDENS BLVD, SUITE 103A**  
**BOCA RATON, FL 33432**

Mailing Address  
**BOCA SPINE AND WELLNESS CENTER**  
**299 WEST CAMINO GARDENS BLVD, SUITE 103A**  
**BOCA RATON, FL 33432**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

Zip  
 Country



01172007 Chg-P CR2E034 (12/06)

4. FEI Number  
**56-2356078**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>FANO, DARREN</b> <b>BOCA SPINE AND WELLNESS CENTER</b> <b>299 WEST CAMINO GARDENS BLVD, SUITE 103A</b> <b>BOCA RATON, FL 33432</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> Zip Code

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 \_\_\_\_\_

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FANO, DARREN 3300 S OCEAN BLVD #420 HIGHLAND BCH, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10710 Cypress Bend Dr. BOCA RATON, FL 33498
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
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
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
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
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

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: DR. DAMEEN A. FANO, DC DR. DAMEEN A. FANO, DC 1-17-07 (561) 395-9299

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