

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-13-2005 0005 029 ***150.00
FILED P03000108443

2005 JUL -6 PM 2: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50053622

DOCUMENT # P03000108443 1. Entity Name CHIROPRACTIC CENTER OF MIAMI INC.			
Principal Place of Business 755 E 49 ST 2 FLR STE 10 HIALEAH, FL 33013		Mailing Address 755 E 49 ST 2 FLR STE 10 HIALEAH, FL 33013	
2. Principal Place of Business 755 E 49 ST Suite, Apt. #, etc. 2nd fl. #10 City & State HIALEAH FL Zip 33013		3. Mailing Address 755 E 49 ST Suite, Apt. #, etc. 2nd fl. #10 City & State HIALEAH FL Zip 33013	
4. FEI Number 20-0281095		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINTANA, FRED HOMERO 755 E 49 ST 2 FLR STE 10 HIALEAH, FL 33013		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	P QUINTANA, FRED HOMERO 755 E 49 ST 2 FLR STE 10 HIALEAH, FL 33013 <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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		06-02-05 305-688-3118 <small>Date Daytime Phone #</small>	