

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P04000030081

1. Entity Name
SOUTH TAMPA CHIROPRACTIC CENTER P.A.



Principal Place of Business
**3202 HENDERSON BLVD.
SUITE 102
TAMPA, FL 33609**

Mailing Address
**3202 HENDERSON BLVD.
SUITE 102
TAMPA, FL 33609**



08182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4274294

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DESAPIO, ROBERT
4000 3RD ST. NORTH
CONDO UNIT 109
ST. PETERSBURG, FL 33703**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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
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.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DESAPIO, ROBERT
STREET ADDRESS	4000 3RD ST. NORTH CONDO UNIT 109
CITY-ST-ZIP	ST. PETERSBURG, FL 33703

TITLE	
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CITY-ST-ZIP	

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09/07/06-80001-020 150.00

**DO NOT WRITE
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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-1-6 813-870-6622