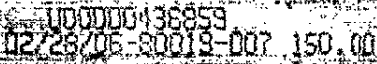
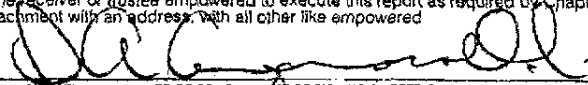


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000054878			
1. Entity Name ACQUARO & WAKEMAN CHIROPRACTIC & REHABILITATION, P.A.			
Principal Place of Business 26 NORTH BEACH STREET STE. B ORMOND BEACH, FL 32174	Mailing Address 26 NORTH BEACH STREET STE. B ORMOND BEACH, FL 32174		
DO NOT WRITE IN THIS SPACE			
		01192006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-0909681	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ACQUARO, D. A 26 NORTH BEACH STREET STE. B ORMOND BEACH, FL 32174		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 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACQUARO, D. A 26 NORTH BEACH STREET, STE. B ORMOND BEACH, FL 32174		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T WAKEMAN, PETER 26 NORTH BEACH STREET, STE. B ORMOND BEACH, FL 32174		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		2-9-06 386-673-0201	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	