


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90023 001 ***150.00

DOCUMENT # P04000060233			
1. Entity Name PALM BEACH OSTEOPATHIC CARE, INC.			
Principal Place of Business 1900 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33401 US		Mailing Address 1900 SOUTH OLIVE AVENUE WEST PALM BEACH FL 33401 US	
2. Principal Place of Business 649 US Highway 1		3. Mailing Address 649 US Highway 1	
Suite, Apt. #, etc. Ste. 12A		Suite, Apt. #, etc. Ste. 12A	
City & State North Palm Beach, FL		City & State North Palm Beach, FL	
Zip 33408 Country USA		Zip 33408 Country USA	
6. Name and Address of Current Registered Agent WILLITS, RICHARD H 2290 10TH AVENUE NORTH SUITE 404 LAKE WORTH FL 33461		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 full if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 WISNIOSKI, STANLEY W. III 4510 PORTIFINO WAY, # 211 WEST PALM BEACH FL 33409 <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 exemptions contained in Section 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: Stanley W. Wisnioski III P.O. 2/7/2006 561-324-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #