2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006
Secretary of State

DOCUMENT# P04000100939

Entity Name: MASTERSON CHIROPRACTIC, P.A.

Current Principal Place of Business:

190 SOUTH UNIVERSITY DRIVE
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

10232 SW 59ST
COOPER CITY, FL 33328

New Mailing Address:

FEI Number: 20-1330386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASTERSON, JOSEPH C
10232 SW 59 ST
COOPER CITY, FL 33328 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: MASTERSON, JOSEPH C
Address: 10232 SW 59 ST
City-St-Zip: COOPER CITY, FL 33328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH MASSTERSON PSD 03/28/2006

Electronic Signature of Signing Officer or Director Date