

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90412 043 ***150.00

DOCUMENT # P04000122639

1. Entity Name
MOBILE CHIROPRACTIC SOLUTIONS, INC.



Principal Place of Business
**6164 N.W. 78 CT.
PARKLAND, FL 33067 US**

Mailing Address
**6164 N.W. 78 CT.
PARKLAND, FL 33067 US**

50012832



2. Principal Place of Business
7661 NW 120 Drive
Suite, Apt. #, etc.

3. Mailing Address
7661 NW 120 Drive
Suite, Apt. #, etc.

04132006 Chg-P CR2E034 (11/05)

City & State
Parkland, Florida
Zip **33076** Country **USA**

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Parkland, Florida
Zip **33076** Country **USA**

4. FEI Number
81-0654357
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**HELFELD, CHARLES D
6164 N.W. 78 CT.
PARKLAND, FL 33067**

7. Name and Address of New Registered Agent

Name **Charles Helfeld**
Street Address (P.O. Box Number is Not Acceptable)

7661 NW 120 Drive
City **Parkland** **FL** Zip Code **33076**

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 **Charles D. Helfeld**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-13-06
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

TITLE **P** ☒ Delete
NAME **HELFELD, CHARLES D**
STREET ADDRESS **6164 N.W. 78 CT.**
CITY-ST-ZIP **PARKLAND, FL 33067**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Helfeld, Charles D**
STREET ADDRESS **7661 NW 120 Drive**
CITY-ST-ZIP **Parkland, FL 33076**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **Charles D. Helfeld** **4-13-06** **754-422-6100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #