

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90001 041 ***550.00

DOCUMENT # P04000123352 1. Entity Name WEST SHORE CHIROPRACTIC, INC.			
Principal Place of Business 4427 W. KENNEDY BLVD. SUITE 395 TAMPA, FL 33609-2060 US		Mailing Address 1028 W. PIONEER PKWY SUITE 100 ARLINGTON, TX 76013 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1184 W Pioneer Pkwy Suite, Apt. #, etc.	
City & State		City & State Arlington, TX	
Zip	Country	Zip 76013	Country
4. FEI Number 20-1841169		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		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 PLAMBECK, MICHAEL K 1028 W. PIONEER PKWY, STE 100 ARLINGTON, TX 76013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1184 W Pioneer Pkwy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GIESSNER, JENNIFER D 1028 W. PIONEER PKWY, STE 100 ARLINGTON, TX 76013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1184 W Pioneer Pkwy <input checked="" 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 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: <u>Michael K Plambeck</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Michael K Plambeck</u> <small>Date</small>	<u>6/21/06</u> <small>Daytime Phone #</small>

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