


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 30, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000125492</b> <small>1. Entity Name</small> <b>TROPICAL CHIROPRACTIC GROUP, INC.</b>	
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<small>Principal Place of Business</small> <b>4400 W SAMPLE RD - # 114 COCONUT CREEK, FL 33073</b>	<small>Mailing Address</small> <b>4400 W SAMPLE RD - # 114 COCONUT CREEK, FL 33073</b>
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05232006 No Chg-P CR2E034 (11/05)

4. FEI Number **20-1567764** Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

<small>8. Name and Address of Current Registered Agent</small>  <b>HERMAN, LISA 4400 W SAMPLE RD - # 114 COCONUT CREEK, FL 33073</b>
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**DO NOT WRITE  
IN THIS SPACE**

6. 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 \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, HERMAN 4400 W SAMPLE RD SUITE 114 COCONUT CREEK, FL 33073
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100000566248  
05/30/06-80002-009 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Scott Herman*  
Scott Herman

*5/23/06*  
Date

Continuing Page #