

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000009303

FILED  
Feb 13, 2006  
Secretary of State

**Entity Name:** CORRECTIVE CHIROPRACTIC SPINAL REHABILITATION CENTER, INC.

**Current Principal Place of Business:**

10746 ALICO PASS  
NEW PORT RICHEY, FL 34655

**New Principal Place of Business:**

5311 SPRING HILL DR.  
SPRING HILL, FL 34606

**Current Mailing Address:**

10746 ALICO PASS  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

5311 SPRING HILL DR.  
SPRING HILL, FL 34606

**FEI Number:** 20-2262581

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEPASQUALE, VINCENT  
10746 ALICO PASS  
NEW PORT RICHEY, FL 34655 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: D ( ) Delete  
Name: DESPASQUALE, VINCENT  
Address: 10746 ALICO PASS  
City-St-Zip: NEW PORT RICHEY, FL 34655

**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:** VINCENT DEPASQUALE

DR.

02/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date