


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90014 009 ***150.00

DOCUMENT # P05000032732	
1. Entity Name NORTH LAUDERDALE CHIROPRACTIC CENTER, INC.	

Principal Place of Business 5460 NORTH STATE RD 7, SUITE 112 FT. LAUDERDALE, FL 33063	Mailing Address 5460 NORTH STATE RD 7, SUITE 112 FT. LAUDERDALE, FL 33063
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2. Principal Place of Business 5460 NORTH STATE RD 7	3. Mailing Address 5460 NORTH STATE RD 7
Suite, Apt. #, etc. 112	Suite, Apt. #, etc. 112
City & State NORTH LAUDERDALE	City & State NORTH LAUDERDALE
Zip 33319	Country USA



01192006 Chg-P CR2E034 (11/05)

4. FEI Number 83-0423113		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 GAGNON, DOUGLAS DR 5460 NORTH STATE RD 7, SUITE 112 NORTH LAUDERDALE, FL 33319		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
State FL Zip Code		

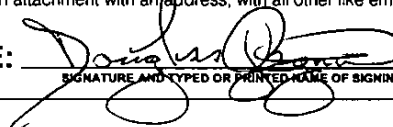
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGNON, DOUGLAS C/O 513 NORTH STATE ROAD SEVEN FT. LAUDERDALE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGNON, DOUGLAS 5460 N. STATE RD 7 SUITE 112 NORTH LAUDERDALE, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZILEA, DOMINIC C/O 513 NORTH STATE ROAD SEVEN FT. LAUDERDALE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZILEA, DOMINIC 5460 N. STATE RD 7 SUITE 112 NORTH LAUDERDALE, FL 33319 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **DOUGLAS GAGNON** 01-26-06 954-735-3339
Signature and typed or printed name of signing officer or director Date Daytime Phone #