# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2006**
**Secretary of State**

DOCUMENT# P05000032738

**Entity Name:** CHIROPRACTIC PHYSICIANS & ASSOCIATES, P.A.

**Current Principal Place of Business:**

682 BRYDIE COURT
CASSELBERRY, FL 32707

**New Principal Place of Business:**

945 BRYDIE COURT
CASSELBERRY, FL 32707

**Current Mailing Address:**

682 BRYDIE COURT
CASSELBERRY, FL 32707

**New Mailing Address:**

945 BRYDIE COURT
CASSELBERRY, FL 32707

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

PIESKI, DAVID
682 BRYDIE COURT
CASSELBERRY, FL 32707 US

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

RODRIGUEZ, CORI
945 BRYDIE COURT
CASSELBERRY, FL 32707 US

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: CORI RODRIGUEZ 04/29/2006
Electronic Signature of Registered Agent Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: PIESKI, DAVID
Address: 682 BRYDIE COURT
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Delete
Name: RODRIGUEZ, CORI
Address: 682 BRYDIE COURT
City-St-Zip: CASSELBERRY, FL 32707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: RODRIGUEZ, CORI
Address: 945 BRYDIE COURT
City-St-Zip: CASSELBERRY, FL 32707

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: CORI RODRIGUEZ D 04/29/2006
Electronic Signature of Signing Officer or Director Date