

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000059941

FILED
Apr 24, 2006
Secretary of State

Entity Name: GENTLE CARE CHIROPRACTIC INC.

Current Principal Place of Business:

500 S US HWY 1
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

500 S US HWY 1
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 20-2874162

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOHAMMED, SHAM
500 S US HWY 1
FORT PIERCE, FL 34950 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: PD () Delete
Name: MOHAMMED, SHAM
Address: 500 S US HWY 1
City-St-Zip: FORT PIERCE, FL 34950

Title: VPTS () Delete
Name: MOHAMMED, SHAM
Address: 500 S US HWY 1
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHAM MOHAMMED

DR.

04/24/2006

Electronic Signature of Signing Officer or Director

Date