

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000059941**

1. Entity Name  
**GENTLE CARE CHIROPRACTIC INC.**



Principal Place of Business      Mailing Address  
**500 S US HWY 1**                      **500 S US HWY 1**  
**FORT PIERCE, FL 34950**              **FORT PIERCE, FL 34950**

**DO NOT WRITE IN THIS SPACE**



04232007      No Chg-P      CR2E034 (11/05)

4. FEI Number <b>20-2874162</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MOHAMMED, SHAM**  
**500 S US HWY 1**  
**FORT PIERCE, FL 34950**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOHAMMED, SHAM 500 S US HWY 1 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS MOHAMMED, SHAM 500 S US HWY 1 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000762691  
05/23/07-80020-003 150.00

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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

Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_