

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000074922

FILED
May 18, 2006
Secretary of State

Entity Name: ADVANCED FAMILY CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

2139 SHELBOURNE COURT
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

14487 BRUCE B. DOWNS BLVD.
TAMPA, FL 33613

Current Mailing Address:

2139 SHELBOURNE COURT
WESLEY CHAPEL, FL 33543

New Mailing Address:

14487 BRUCE B. DOWNS BLVD.
TAMPA, FL 33613

FEI Number: 20-2876761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIVERA, WILLIAM
2139 SHELBOURNE COURT
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

RIVERA, WILLIAM N
14487 BRUCE B. DOWNS BLVD.
TAMPA, FL 33613 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: WM. NICHOLAS RIVERA

05/18/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RIVERA, WILLIAM
Address: 2139 SHELBOURNE COURT
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RIVERA, WILLIAM N
Address: 14487 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33613

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: WM. NICHOLAS RIVERA

P

05/18/2006

Electronic Signature of Signing Officer or Director

Date