


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 8:00 am
Secretary of State

02-20-2006 90048 034 ***150.00

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1st MOORE CR2E034 (10/05)

DOCUMENT # P05000089282					
1. Entity Name OAKLAND CHIROPRACTIC CENTER, P.A.					
Principal Place of Business 3770 W. OAKLAND PARK BLVD. LAUDERDALE LAKES FL 33311			Mailing Address 3770 W. OAKLAND PARK BLVD. LAUDERDALE LAKES FL 33311		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-3043894	
				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 BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD. STE. 101 TALLAHASSEE FL 32301				7. Name and Address of New Registered Agent	
				Name DR. PETER M. FLAX	
				Street Address (P.O. Box Number is Not Acceptable) 2551 NW 105TH TERRACE	
				City CORAL SPRINGS FL Zip Code 33065	
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 DR. Peter M. Flax DR. PETER M. FLAX PRES. 2/9/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLAX, PETER		NAME		
STREET ADDRESS	3770 W. OAKLAND PARK BLVD.		STREET ADDRESS		
CITY - ST - ZIP	LAUDERDALE LAKES FL 33311		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DR. Peter M. Flax DR. PETER M. FLAX 2/9/06 954-733-4594 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



ATTACHMENT

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

OAKLAND CHIROPRACTIC CENTER, P.A.
3770 W. OAKLAND PARK BLVD.
LAUDERDALE LAKES, FL 33311

COMPLAINT
3/9/06

Subject: OAKLAND CHIROPRACTIC CENTER, P.A.

SOLRY

Reference Number:

P05000089282

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/RM

ANNUAL REPORTS SECTION