


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90020 033 ***150.00

DOCUMENT # P05000103540					
1. Entity Name SMITH CHIROPRACTIC HEALTH AND WELLNESS CENTER, P.A.					
Principal Place of Business 12300 ALTERNATE A1A SUITE 119 PALM BEACH GARDENS, FL 33418			Mailing Address 12300 ALTERNATE A1A SUITE 119 PALM BEACH GARDENS, FL 33418		
2. Principal Place of Business 12300 ALTERNATE A1A		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc. 119		Suite, Apt. #, etc.			
City & State PALM BEACH GARDENS FLA.		City & State .		4. FEI Number 203128556	
Zip 33410		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, ANDREW H 12300 ALTERNATE A1A SUITE 119 PALM BEACH GARDENS, FL 33418			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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)					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE President	NAME Dr Andrew Smith		<input type="checkbox"/> Delete		
STREET ADDRESS 12300 ALTERNATE A1A SUITE 119	CITY-ST-ZIP PALM BEACH GARDENS FLA 33410		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____			Date: 7/14/06 Devtime Phone #: 561 625 1553		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					