

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 10:00 AM
RECEIVED JAN 10 2007
Secretary of State



DOCUMENT # P05000140331

1. Entity Name
SUNCOAST CHIROPRACTIC WELLNESS CENTERS, P.A.

Principal Place of Business 24139 U.S. 19 NORTH CLEARWATER FL 33763	Mailing Address 24139 U.S. 19 NORTH CLEARWATER FL 33763
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State	City & State	4. FEI Number 20-3799145	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

**CAPUTO, PAUL E
24139 U.S. 19 NORTH
CLEARWATER FL 33763-5000**

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 registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete CAPUTO, PAUL E
NAME	24139 U.S. 19 NORTH
STREET ADDRESS	CLEARWATER FL 33763-5000
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000647693
CITY - ST - ZIP	03/06/07-80082-012 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 another like empowered.

SIGNATURE: _____ **- DR. PAUL E. CAPUTO** *FM 702/23/07 (727) 791-9355*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #