## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Aug 30, 2006 8:00 am Secretary of State

Daytime Phone #

| DOCUMENT # P05000141913  1. Entity Name JENNIFER WALDER, D.C., P.A. |                 |   |                                  |  |                                     | 07-18-2006 90085 050 ***150.00                               |   |  |                                   |   |  |
|---|-----------------|---|----------------------------------|--|-------------------------------------|--|---|--|-----------------------------------|---|--|
| Principal Plac<br>2611 SW 13<br>FORT LAUDE                          | TH AVENUE       | #1  | . 2                              | lailing Address<br>2611 SW 13TH AVENUE<br>FORT LAUDERDALE, FL  |                                     | <del>.</del>   |   |  |                                   |   |  |
| 2. Principal F  | Place of Busin  | ness  | 3.                               | Mailing Address  |                                     |  |   |  |                                   |   |  |
| Suite, Apt. #, etc.   |                 |   |                                  | Suite, Apt. #, etc.  |                                     |  | 08282006  | Chg-P  | CR2                               | E034 (11/05)  |  |
| City & Stat   | e               |   |                                  | City & State   |                                     |  | 4. FEI Numb   |  | 198                               | _ <del>                                    </del>         | plied For<br>of Applicable               |
| Zip   |                 | Country   |                                  | Zip  | Count                               | ry   | _5Certificate   | cl-Status-Desired  | <b></b> -□ -                      | \$8.75 Add<br>Fee Require                                 | litional                                 |
|   | 6. Name         | and Address of Curre  | nt Regis                         | stered Agent   |                                     | Name   | 7. Name and   | Address of New   | Registere                         | d Agent   |  |
| WALDER,<br>2611 SW 1  | 13TH AVE        | NUE #1  |                                  |  |                                     |  | (P.O. Box Numb  | er is Not Acceptab   | ie)                               |   |  |
| FORT LAU  | JDERDAL         | E, FL 33315   |                                  |  |                                     |  |   |  |                                   |   |  |
|   |                 |   |                                  |  | ſ                                   | City   |   |  | F                                 | L Zip Code  | е  |
| 8. The above the obligat  | named entit     | y submits this statemen<br>tered agent.   | t for the                        | purpose of changing its r  | registere                           | d office or registe  | red agent, or bo  | oth, in the State of F   | lorida. La                        | m familiar with,  | and accept                               |
| SIGNATURE.  |                 | or printed name of registered ag  | ent and title                    | if applicable. (NOTE:  | : Registered                        | Agent signature required                                     | d when reinstating)                                       |  | DATE                              |   | ,  |
| FII   | LE NOW!!        | FEE IS \$150.00   |                                  | 9. Election Campaig  | -                                   |  | .00 May Be  | In accordance  | with s. 6                         | 07.193(2)(b).   | F.S., the                                |
| D   | ue by Sep       | tember 6, 2006  |                                  | Trust Fund Contri  | ibution.                            | ∐ Add  | led to Fees   | corporation did  | d not rece                        | ive the prior r   | notice.                                  |
| 10.   | r               | OFFICERS AF   |                                  | CTORS  | 11.                                 |  | ADDITIONS   | /CHANGES TO OF   | FICERS AI                         | ND DIRECTORS  | S IN 11                                  |
| TITLE <b>P.</b>   | Jen             | rifer Wal   | ì.                               | Delete ## ( TITLE  |                                     |  |   |  |                                   | ☐ Change  | ☐ Addition                               |
| STREET ADDRESS  | 3611            | 121 WS  | /                                | Ivenue.  | NAME<br>STREE                       | T ADDRESS  |   |  |                                   |   |  |
| CITY-S1-ZIP   | Pt-Lo           | udertale.   | FL                               | 32212  |                                     | ST-ZIP   |   |  |                                   |   |  |
| TITLE   |                 |   |                                  | ☐ Delete   | TITLE                               |  |   |  |                                   | ☐ Change  | ☐ Addition                               |
| NAME<br>Street address  |                 |   |                                  |  | NAME                                |  |   |  |                                   |   |  |
| CITY-ST-ZIP   |                 |   |                                  |  |                                     | ț address<br>St-zip  |   |  |                                   |   |  |
| TITLE   |                 |   |                                  | Delote   | _ TITLE                             | <u> </u>   |   |  |                                   | 1 Change  | - Addition                               |
| NAME  | 1               |   |                                  |  | NAME                                | l l  |   |  |                                   |   |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                       |                 |   |                                  |  |                                     | T ADDRESS<br>ST-ZIP  |   |  |                                   |   |  |
| TITLE   | <u> </u>        |   |                                  | ☐ Delete   | TITLE                               | 51-ZIF   |   |  |                                   | Channa  | Addition                                 |
| NAME  |                 |   |                                  | La Détete  | NAME                                |  |   |  |                                   | ☐ Change  | ☐ Addition                               |
| STREET ADDRESS  |                 |   |                                  |  |                                     | T ADDRESS  |   |  |                                   |   |  |
| CITY-ST-ZIP   |                 | <del></del>   |                                  |  | <del></del>                         | ST-ZIP   |   |  |                                   |   |  |
| TITLE<br>NAME   |                 |   |                                  | ☐ Delete   | TITLE                               |  |   |  |                                   | ☐ Change  | Addition                                 |
| STREET ADDRESS  |                 |   |                                  |  |                                     | T ADDRESS  |   |  |                                   |   |  |
| CITY-ST-ZIP   |                 |   |                                  |  | CITY-:                              | ST - ZIP   |   |  |                                   |   |  |
| TITLE :   |                 |   |                                  | ☐ Delete   | TITLE                               |  |   |  |                                   | ☐ Change  | Addition                                 |
| STREET ADDRESS  | [               |   |                                  |  | NAME                                | T ADDRESS  |   |  |                                   |   |  |
| CITY-ST-ZIP   |                 |   |                                  |  |                                     | ST-ZIP   |   |  |                                   |   |  |
| 12. I hereby of indicated of the cor                                | on this report  | e information supplied v<br>t or supplemental repor<br>ne recover or trustee en | vith this f<br>is true<br>powere | iling does not qualify for<br>and accurate and that my<br>d to execute this report a<br>Il other like empowered. | the exer<br>y signatu<br>as require | mptions contained<br>ure shall have the<br>ed by Chapter 607 | d in Chapter 119<br>same legal effe<br>7, Florida Statute | 9, Florida Statutes.<br>ct as if made under<br>es; and that my nar | I further of oath; that me appear | ertify that the ir<br>I am an officer<br>s in Block 10 or | nformation<br>or director<br>Block 11 if |
| unanyeu,  | וטויטוומוומווני | achingol with an addres   | o. WILN A                        | ii otriet like empowered.  |                                     |  |   |  |                                   |   |  |

## 2006 FOR PROFIT CORPORATION

7<sup>7</sup>/18/2006-90085-050-\$150.00-\$150.00

|  | ANNUAL  | REPORT   |                                 |   | 3                         |                                    |                                    |  |  |
|--|---|--|---------------------------------|---|---------------------------|------------------------------------|------------------------------------|--|--|
| DOCUMENT<br>1. Entity Name<br>JENNIFER WALD  | #P05000141<br>ER, D.C., P.A.  | 913  | . F                             |   | A                         | TTACH                              | lMENI)                             | r <sup>`</sup>   |  |
| Principal Place of Busines   | ş   | Mailing Address  |                                 |   | ] ,                       |                                    |                                    |  |  |
| 2611 SW 13TH AVENUE #1 2611 SW 13TH AVENUE #   |   |  |                                 |   | ATTACHMENT<br>46023665    |                                    |                                    |  |  |
| FORT LAUDERDALE, FL  | 33315   | 5  | 9                               |   |                           | 1414 1 1 117                       |                                    |  |  |
| Principal Place of Business     3. Mailing Address   |   |  |                                 |   |                           |                                    | · · ·                              |  |  |
| Suite, Apt, #, etc.  |   | Suite, Apt. #, etc.  |                                 |   | 07102006                  | Chg-P                              | CR2E034 (                          |  |  |
| City & State   |   | City & State   |                                 | 4. FÉI Number Applied Fo  |                           |                                    |                                    | pied For<br>Applicable   |  |
| Zip  | Country   | Zip  | Coun                            | itry  | 5. Certificate            | of Status Desired                  |                                    | 75 Addi<br>Roquired  |  |
| 6. Ham   | and Address of Current  | Registered Agent   |                                 |   | 7. Name and               | Address of New R                   | tegistered Ager                    | 1  |  |
|  |   |  |                                 | Name  |                           | -                                  |                                    |  |  |
| WALDER, JENNIFER 2611 SW 13TH AVENUE #1————————————————————————————————————  |   |  |                                 | Street Address (P.O. Box Number Is Not Acceptable)              |                           |                                    |                                    |  |  |
| · .  |   |  |                                 |   | ny grafi Zio Code         |                                    |                                    |  |  |
| 8. The above named and   | ity submits this statement lo   | r the purpose of changing its  | register                        | City<br>ed office or registe                                    | red agent, or bo          | in, in the State of Fig            | PL!                                |  |  |
| the obligations of regis   |   |  |                                 |   |                           |                                    |                                    |  |  |
| SIGNATURE Signesus Nos   | d O provid rate of regulatoral again.   | TOP) established free tone   | . Pegalapi                      | d ford schools tolera   | Characteristics           |                                    | CATE                               |  |  |
|  | II FEE (3 \$150.00<br>ptember 6, 2006   | 9. Election Campai<br>Trust Fund Confi   |                                 |   | .00 May Be<br>sed to Fees | In accordance s<br>corporation did | with 8, 607,193<br>not receive the | (2)(b), f  | F.S., the olice.                       |
| 10.  | OFFICERS AND  | DIRECTORS  | 11.                             |   | ADDITIONS                 | CHANGES TO OFF                     | ICERS AND DIR                      | ECTORS   | IN 13                                  |
| my Joen  | nifor. Wald   | or ☐ Delete  | nn                              | 1   | Schot                     | vice he                            | 27don-0                            | Change   | (Contract)                             |
| STREET ADDRESS 2011  | anderdale   | Jenue, #1  |                                 |   | tsecr                     | •                                  |                                    | ni fo  | rublak                                 |
| 1000   | Short   | ☐ Detects  | tin                             | E   |                           | 0                                  |                                    | Change   | Add tion                               |
| STREET 400MESS   | CONT  |  | SIR                             | EF: ADDRE 55  |                           |                                    |                                    |  |  |
| CTIY-SI-ZIP  |   | ☐ Delete   | CITY                            | -51-12*   |                           |                                    |                                    | Crange   | ☐ Addrien                              |
| NAME   |   | C) been  | NAM                             | er  |                           |                                    |                                    |  |  |
| 223FIGO ACORESS  |   |  |                                 | LET ADDRESS<br>1-\$1-ZP   |                           |                                    |                                    |  |  |
| MAKE   | <del></del>   | ☐ Delete   | THE                             |   |                           |                                    |                                    | Change   | Addition                               |
| STREET ADDRESS CITY-ST-ZIP   |   |  | 5174                            | ETI ADOMESS<br>I-SI-ZP  |                           |                                    |                                    |  |  |
| THREE  | <del></del>   | Ora  | lttl                            | £   |                           | <del></del>                        |                                    | Change   | Addition                               |
| WANTE ADMINISTRA   |   |  | NA.                             | E 400R 55   |                           |                                    |                                    |  |  |
| STREET ADDRESS<br>CITY-SI-DP   |   |  |                                 | 1-21-18.  |                           |                                    |                                    |  |  |
| ME   |   | □ (Nice)   | गां।                            |   |                           |                                    |                                    | Change   | Asotios                                |
| DAMA E BANK TESTIT   |   |  | STR                             | ET 4009E2S  |                           |                                    |                                    |  |  |
| CITY-ST-ZIP  |   |  |                                 | -51-2P  |                           |                                    |                                    |  |  |
| I hereby certily that indicated on this report the corporation or changed, or on an appropriate that the corporation or changed, or on an appropriate that the corporation or changed. | the information supplied with<br>nort or supplemental report is<br>the receiver or trustee emp<br>rachment with an address, | n this tiang does not qualify to<br>strue and accurate and that n<br>owered to execute this report<br>with all other like empowered. | i the ex<br>ny signs<br>as roqu | emptions contained<br>ture shall have the<br>ired by Chapter 60 | 7. Florida Statuti        | s; and that my nam                 | e appears in the                   | at the into officer of the control o | ormation<br>or director<br>Block 11 if |
| SIGNATURE  | 7 /.  |  |                                 |   |                           | 7-13-C                             |                                    |  |  |
| JIGHATURE.   | SICALITERS AND TYPED OR   | PROJETE MAILE OF SIGNOR OFFICER  | DA DIREC                        | 700   |                           | Oure                               | Daylore                            | Prone #  |  |