

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90052 048 ***150.00

DOCUMENT # P06000027304

1. Entity Name
PALM SPRINGS CHIROPRACTIC CENTER, INC.



40001477

Principal Place of Business
540 E. MCNAB RD., STE. C
POMPAÑO BEACH, FL 33060

Mailing Address
540 E. MCNAB RD., STE. C
POMPAÑO BEACH, FL 33060

2. Principal Place of Business - No P.O. Box #
3850 LAKE WORTH ROAD

3. Mailing Address

Suite, Apt. #, etc. **SUITE 2**

Suite, Apt. #, etc.

City & State **LAKE WORTH, FL**

City & State

Zip **33461** Country **USA**

Zip Country

01042007 Chg-P CR2E034 (12/06)

4. FEI Number **53-0917103**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOENIG, HOWARD E.
540 E. MCNAB RD., STE. C
POMPAÑO BEACH, FL 33060

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
KOENIG, HOWARD E.
540 E. MCNAB RD., STE. C
POMPAÑO BEACH, FL 33060 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-07

954-946-4204