## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 22, 2006 8:00 am Secretary of State **DOCUMENT # P92000000753** 05-22-2006 90042 038 \*\*\*150.00 PINE PLAZA CHIROPRACTIC CENTER, INC. Principal Place of Business Mailing Address 1573 NE 37TH STREET 7195 W. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33334 LAUDERHILL, FL 33313 US 2. Principal Place of Business 3. Mailing Address 2441 Bayview Drive 2441 Bayview Drive Suite, Apt. #, etc. Saite, Apt. #, etc. CR2E034 (11/05) 05162006 Cha-P Applied For City & State City & State 4. FEI Number 65-0378659 Fort Lauderdale, Not Applicable FL Fort Lauderdale, Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 33305 6. Name and Address of Current Registered Agent USA 7. Name and Address of New Registered Agent Michael Pollock SCHWARTZ, SHARON Street Address (P.O. Box Number is Not Acceptable) 1573 NE 37TH ST 2441 Bayview Drive FT LAUDERDALE, FL 33334 <sup>Cny</sup>Fort Lauderdale Zip Code 33395 8. The above named antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of istered agent. (MOTE: Registered Agent signature required when remoteting) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 $\Box$ Trust Fund Contribution. Added to Fees Due by September 6, 2006 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Beliete TITLE P/S/T ☐ Change Addition SCHWARTZ, SHARON NAME 1513.0 Michael Pollock STREET ADDRESS 1573 NE 37TH ST STREET ADOFESS 2441 Bayview Drive Fort Lauderdale, FL 33305 CTTY-ST-ZIP FORT LAUDERDALE, FL 33334 CITY-ST- ZIP TITLE Deter THE Addition MASA NAME STREET ADOPESS STREET ADDRESS CITY-ST-DP CITY-ST-ZP TOTLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AUGPESS OTY-ST-7P 131 Y - ST - 732 1773 F Delete nn e ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CRIY-ST-ZP

12. Thereby 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 suppliemental 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.

TITLE

NAME

HILE

NAME

STREET ADDRESS CITY - ST-ZP

STREET ADDRESS

COV-ST-78

SIGNATURE:

TITLE

NAME

MANUF

STREET ADDRESS

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DOY-ST-DP

CITY-ST-ZP

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGN O DEPICER OR DESECTOR

☐ Delete

☐ Delete

Date

Dintane Phone #

Change

Addition

Addition

FILED



May 16, 2006

Division of Corporations Post Office Box 1500 Tallahassee, FL 32302

To Whom It May Concern:

Enclosed please find the 2006 for Profit Corporation Annual Report form for Pine Plaza Chiropractic Center, Inc., along with our check in the amount of \$150.00. Please be advised that I never received this Annual Report form and would appreciate it if you would waive the penalty fee.

If you have any questions, please feel free to contact the undersigned.

Yours very truly,

Justine Puller

Michael Pollock