

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000010812

FILED  
Jul 14, 2006  
Secretary of State

**Entity Name:** MICHAELS CHIROPRACTIC SPORTS MEDICINE CENTER, P.A.

**Current Principal Place of Business:**

5A SANCHEZ AVE  
ST AUGUSTINE, FL 32084 US

**New Principal Place of Business:**

208 SOUTH PARK CIRCLE EAST  
ST AUGUSTINE, FL 32086 US

**Current Mailing Address:**

5A SANCHEZ AVE  
ST AUGUSTINE, FL 32084 US

**New Mailing Address:**

208 SOUTH PARK CIRCLE EAST  
ST AUGUSTINE, FL 32086 US

**FEI Number:** 65-0392354

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MICHAELS, SCOTT  
5A SANCHEZ AVE  
ST AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

FECHTER, SCOTT  
208 SOUTH PARK CIRCLE EAST  
ST AUGUSTINE, FL 32086 US

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.

SIGNATURE: SCOTT FECHTER

07/14/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR ( ) Delete  
Name: MICHAELS, SCOTT  
Address: 5A SANCHEZ AVE  
City-St-Zip: ST AUGUSTINE, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR (X) Change ( ) Addition  
Name: MICHAELS, SCOTT  
Address: 208 SOUTH PARK CIRCLE EAST  
City-St-Zip: ST AUGUSTINE, FL 32086

Title: DR ( ) Change (X) Addition  
Name: FECHTER, SCOTT  
Address: 208 SOUTH PARK CIRCLE EAST  
City-St-Zip: ST AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT FECHTER

DR

07/14/2006

Electronic Signature of Signing Officer or Director

Date