

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000049668

Entity Name

COLONIAL CHIROPRACTIC GROUP, P.A.



Principal Place of Business

1021 W. COLONIAL DR
ORLANDO FL 32804

Mailing Address

1021 W. COLONIAL DR
ORLANDO FL 32804



Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3191602

Applied For
Not Applicable

Country

Zip

Country

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

ELLEN, WOLFSON
1266 VIA SALERNO
WINTER PARK FL 32789

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

I, 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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May be
Added to Fees

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete
D
WOLFSON, WAYNE C
1266 VIA SELERNO
WINTER PARK FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000396262
01/30/06-80002-014 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WAYNE C. WOLFSON, DC.

1/16/06

407 649 9699