

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90267 022 ***150.00

DOCUMENT # P93000070804

1. Entity Name

GOLDBERG CHIROPRACTIC, INC.



Principal Place of Business

119 NW 88TH WAY
CORAL SPRINGS FL 33071
US

Mailing Address

119 NW 88TH WAY
CORAL SPRINGS FL 33071
US



2. Principal Place of Business

8041 PISA DRIVE
Suite, Apt. #, etc.
Boynton Beach, FL
City & State
33437
Zip

3. Mailing Address

8041 PISA DRIVE
Suite, Apt. #, etc.
Boynton Beach
City & State
33437
Zip

1st MOORE

CR2E034 (10/05)

4. FEI Number

65-0445603

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDBERG, BARRY
119 NW 88TH WAY
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name
Goldberg, BARRY
Street Address (P.O. Box Number is Not Acceptable)
8041 PISA DRIVE
City
Boynton Beach FL Zip Code
33437

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBERG, BARRY	
STREET ADDRESS	119 NW 88TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBERG, ROSALIE	
STREET ADDRESS	119 NW 88TH WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8041 PISA DRIVE	
STREET ADDRESS	Boynton Beach, FL. 33437	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8041 PISA DRIVE	
STREET ADDRESS	Boynton Beach, FL. 33437	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/19/06 561-733-0103