2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2006
Secretary of State

DOCUMENT# P94000027759

Entity Name: SOSA FAMILY CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

5015 W. WATERS AVE.
SUITE D
TAMPA, FL 33634 US

New Principal Place of Business:

10981 COUNTRYWAY BLVD.
TAMPA, FL 33626 US

Current Mailing Address:

5015 W. WATERS AVE.
SUITE D
TAMPA, FL 33634 US

New Mailing Address:

10981 COUNTRYWAY BLVD
TAMPA, FL 33626 US

FEI Number: 59-3332683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SOSA, MICHAEL P
5015 W. WATERS AVE.
SUITE D
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

SOSA, MICHAEL P
10981 COUNTRYWAY BLVD
TAMPA, FL 33626 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: DR. MICHAEL SOSA 08/13/2006
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: D ( ) Delete
Name: SOSA, MICHAEL P
Address: 5015 W. WATERS AVE. SUITE D
City-St-Zip: TAMPA, FL 33634 US

Title: O ( ) Delete
Name: SOSA, JEANETTE M
Address: 5015 W. WATERS AVE. SUITE D
City-St-Zip: TAMPA, FL 33634 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SOSA, MICHAEL P
Address: 10981 COUNTRYWAY BLVD
City-St-Zip: TAMPA, FL 33626 US

Title: O (X) Change ( ) Addition
Name: SOSA, JEANETTE M
Address: 10981 COUNTRYWAY BLVD
City-St-Zip: TAMPA, FL 33626 US

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: MICHAEL SOSA DR 08/13/2006
Electronic Signature of Signing Officer or Director Date