


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000035984 1. Entity Name FOGARTY CHIROPRACTIC LIFE CLINIC, P.A.	
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Principal Place of Business 839 BARTON BLVD ROCKLEDGE, FL 32812 US	Mailing Address 839 BARTON BLVD ROCKLEDGE, FL 32812 US
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01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3318845	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOGARTY, KEVIN G 839 BARTON BLVD. ROCKLEDGE, FL 32812
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**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000382502 01/12/06-80015-010 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGARTY, KEVIN G 839 BARTON BLVD ROCKLEDGE, FL 32955
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12. I hereby 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 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 like empowered.

SIGNATURE: *K Fogarty* *K Fogarty* 1-6-06 321 636 5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #