


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

10f2

DOCUMENT # P95000069969		
1. Entity Name ORLIN FAMILY CHIROPRACTIC CENTER, P.A.		

05 OCT -4 PM 2:33

Principal Place of Business 2017 S. OCEAN DR. #607 HALLANDALE, FL 33009	Mailing Address 2017 S. OCEAN DR. #607 HALLANDALE, FL 33009
--	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
--	--	---------



**REINSTATEMENT**

05

6. Name and Address of Current Registered Agent ORLIN, MARJORIE R. 2017 S. OCEAN DR. #607 FORT LAUDERDALE, FL 33309	
---	--

4. FEI Number 65-0600302	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Marjorie R Orlin DC</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>9-30-05</i> (Typed or Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by October 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORLIN, MARJORIE R DR. 2017 S. OCEAN DR. #607 HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

300060202439  
10/04/05 01000-000 \*\*150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.	
SIGNATURE: <i>Marjorie R Orlin DC</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>9-30-05</i> DAYTIME PHONE # <i>954-455-7977</i>

2 of 2

Marjorie Orlin D.C.  
2017 S. Ocean Dr. # 607  
Hallandale, FL. 33009-6653

Orlin Family Chiropractic Center, P.A.

September 7, 2005

Florida Department of State  
Divisions of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

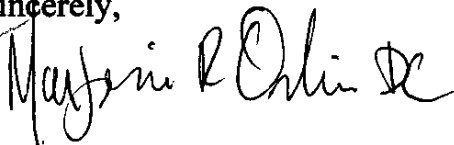
Dear Sir or Madam:

As per my conversation with this office on 8-29-05, I am sending written verification that I did not receive the notification letter. I proceeded to file on line, as I have in the past, when accidentally submitting \$550.00 instead of the usual \$150.00. Furthermore, I am requesting that you please refund the difference by mail to the above address as I was assured would be the case.

The Tracking number of my filing was: 100059068951

Thanking you in advance for your prompt attention in this matter.

Sincerely,



Marjorie R. Orlin D.C.  
President

