


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90066 034 ***150.00

DOCUMENT # P96000019104 1. Entity Name BELLEGLADE CHIROPRACTIC CENTER, INC.			
Principal Place of Business 1200 CLINTMOORE RD. SUITE 2 BOCA RATON, FL 33487		Mailing Address 1200 CLINTMOORE RD. SUITE 2 BOCA RATON, FL 33487	
2. Principal Place of Business <i>4889 Coconut Creek Pkwy</i>		3. Mailing Address <i>4889 Coconut Creek Pkwy</i>	
Suite, Apt. #, etc. <i>Coconut Creek, FL</i>		Suite, Apt. #, etc. <i>Coconut Creek, FL</i>	
State <i>FL</i>		State <i>FL</i>	
Zip <i>33063</i>		Zip <i>33063</i>	
Country <i>Broward</i>		Country <i>Broward</i>	
4. FEI Number 65-0650437		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PERMAN, WILLIAM 4889 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33063		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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME PERMAN, WILLIAM <input type="checkbox"/> Delete STREET ADDRESS 1200 CLINT MOORE RD., SUITE 2 CITY-ST-ZIP BOCA RATON, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <i>4889 Coconut Creek Pkwy</i> NAME <i>Coconut Creek, FL 33063</i> STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.			
SIGNATURE: <i>William Perman</i> WILLIAM PERMAN		Date <i>1-27-05</i> Daytime Phone # <i>954-833-9134</i>	