

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000069937

**FILED**  
**Jan 18, 2006**  
**Secretary of State**

**Entity Name:** CHIROPRACTIC CARE OF THE TREASURE COAST, P.A.

**Current Principal Place of Business:**

P O BOX 761  
STUART, FL 349950761

**New Principal Place of Business:**

915 E. OCEAN BLVD., SUITE 2  
STUART, FL 34994

**Current Mailing Address:**

P O BOX 761  
STUART, FL 349950761

**New Mailing Address:**

P O BOX 761  
STUART, FL 34995

**FEI Number:** 65-0708061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAW OFFICE OF LAURI J GOLDSTEIN  
1330 S FEDERAL HIGHWAY  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PVST ( ) Delete  
Name: SCHER, ELLIOTT N  
Address: 2807 SW BEAR PAW TRAIL  
City-St-Zip: PALM CITY, FL 34990

Title: DP ( ) Delete  
Name: SCHER, ELLIOTT  
Address: 2807 SW BEAR PAW TRAIL  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: SCHER, ELLIOTT N  
Address: 2807 SW BEAR PAW TRAIL  
City-St-Zip: PALM CITY, FL 34990

Title: DR. (X) Change ( ) Addition  
Name: SCHER, ELLIOTT  
Address: 2807 SW BEAR PAW TRAIL  
City-St-Zip: PALM CITY, FL 34990

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:** ELLIOTT SCHER D.C.

PRES

01/18/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date