

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000069937

FILED
Mar 14, 2007
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P O BOX 761
STUART, FL 34995

New Mailing Address:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

03/14/2007

Electronic Signature of Signing Officer or Director

Date