


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90005 002 ***150.00

DOCUMENT # P97000028202	
1. Entity Name WORLD EXECUTIVE CHIROPRACTIC CENTER, PROFESSIONAL ASSOCIATION	

Principal Place of Business 6412 N. UNIVERSITY DR 102 TAMARAC, FL 33321 US	Mailing Address 6412 N. UNIVERSITY DR 102 TAMARAC, FL 33321 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



05062008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0749100	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 RAPP, BRUCE D.C. 6412 N UNIVERSITY DRIVE 102 TAMARAC, FL 33321	
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 _____
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
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	PD RAPP, BRUCE D.C. 6412 N UNIVERSITY DRIVE TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rapp, Bruce D.C. 6412 N University Dr, Suite 102 Tamarac, FL 33321 <input checked="" 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
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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

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: BRapp Bruce Rapp, D.C. 5/3/08 730-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #