

2007 FOR PROFIT CORPORATION ANNUAL REPORT

08-27-2007 90033 009 ***150.00
P97000066490

FILED

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CLERK OF STATE
TALLAHASSEE, FLORIDA



08102007 Chg-P CR2E034 (12/06)

DOCUMENT # P97000066490 1. Entity Name LAWRENCE A. ROSS D.C., P.A.																							
Principal Place of Business 5514 BUCHANAN DRIVE FORT PIERCE, FL 34982 US		Mailing Address 5514 BUCHANAN DRIVE FORT PIERCE, FL 34982 US																					
2. Principal Place of Business - No P.O. Box 736 Orange Ave Suite, Apt. #, etc. FT Pierce		3. Mailing Address FL 34950 Suite, Apt. #, etc. FL 34950																					
City & State 34950 USA		City & State FL 34950																					
Zip 34950		Country USA																					
4. FEI Number 59-3466470		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 UCC FILING & SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309		7. Name and Address of New Registered Agent Name Dr Lawrence A Ross Street Address (P.O. Box Number is Not Acceptable) 736 Orange Ave City FT Pierce FL Zip Code 34950																					
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 reappointing) DATE: 8/22-07																							
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>ROSS, LAWRENCE A</td> <td>5514 BUCHANAN DR.</td> <td>FT PIERCE, FL 34982</td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete <input type="checkbox"/>		ROSS, LAWRENCE A	5514 BUCHANAN DR.	FT PIERCE, FL 34982		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%; text-align: center;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>					
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 8/22-07 Daytime Phone:																					

Dr. Lawrence Ross D.C.P.A.
736 Orange Ave.
Fort Pierce, FL 34982
772-460-9600
Fax: 772-460-1252

September 10th, 2007

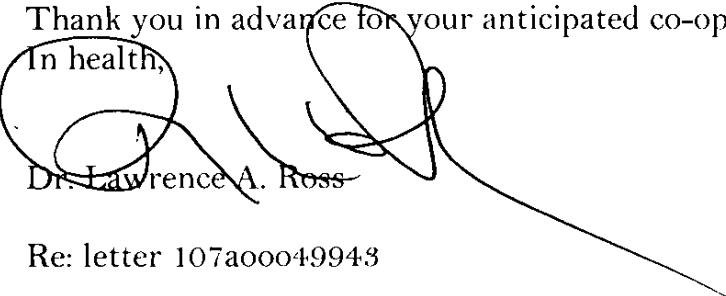
Reference number: p970000066490

To whom it may concern;

Please be advised that Dr. Ross says the corporation report was absolutely filed online before May 1, 2007 by Dr. Ross himself, and should be considered for fee abatement as such.

Thank you in advance for your anticipated co-operation.

In health,


Dr. Lawrence A. Ross

Re: letter 107a00049943

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07 SEP 12 PM 3:41
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