05-16-2007 90015 003 ***150.00
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2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
07 MAY 23 PM 12: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

40114350

REINSTATEMENT 06-07

031020 CR2E034 (11/05)

DOCUMENT # P97000069863

1. Entity Name
DR. DAVID J. DORFMAN, D.C., P.A.

Principal Place of Business
~~5450 STATE ROAD 7~~ 210 Captains Walk #714
~~FORT LAUDERDALE, FL 33314~~
Delray Beach, FL 33483

Mailing Address
~~5450 STATE ROAD 7~~ SAME
~~FORT LAUDERDALE, FL 33314~~

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0776514

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DORFMAN, LENORE S
4126 INVERRARY BLVD
2808
LAUDERDALE, FL 33314

DO NOT WRITE IN THIS SPACE

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: (X) [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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DORFMAN, DAVID J
STREET ADDRESS	210 CAPTAINS WALK 714
CITY-ST-ZIP	DELRAY BEACH, FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

05-05-06 90158 046 $150.00

$766/4

DO NOT WRITE IN THIS SPACE

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: (X) [signature] 4/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 401143500
#P97000069863

David J. Dorfman D.C., P.A.
9291 Nugent Trail
West Palm Beach, Fl. 33411

4/30/07

To whom it may concern,

My name is Dr. David J. Dorfman and I am sending a check with this letter for $150.00 for 2007 For Profit Corporation Annual Report.

The reason for this letter:

In May/2006 I received a letter from the Florida Dept. of State (see attached). Within 30 days of the date of that letter I re-sent the signed document requested (see attached).

I have tried unsuccessfully to print a 2007 Annual report and upon checking sunbiz.org I see that David J. Dorfman D.C.P.A. has been "admin dissolved."

As stated above, I am sending a check for $150.00 with this letter and if you could please advise me of what I need to accomplish in order to obtain a 2007 Annual report it would be greatly appreciated.

Thank you, in advance, for your cooperation,

Dr. David J. Dorfman