

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90029 005 ***150.00

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1. Entity Name

CONGRESS CHIROPRACTIC CENTER CORPORATION



Principal Place of Business

2326 S CONGRESS AVE, STE 2-C
WEST PALM BEACH FL 33406

Mailing Address

2326 S CONGRESS AVE, STE 2-C
WEST PALM BEACH FL 33406



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0781567**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E034 (4/07)

6. Name and Address of Current Registered Agent

HANSEN, TIMOTHY DR.
2326 S CONGRESS AVE, STE 2-C
WEST PALM BEACH FL 33406

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

5/1/07

FILE NOW!!! FEE IS \$550.00

DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HANSEN, TIMOTHY D**
STREET ADDRESS **2326 S CONGRESS AVE STE 2C**
CITY-ST-ZIP **W PALM BCH FL 33406**

TITLE **V** ☐ Delete
NAME **CARLO, JOHN DR**
STREET ADDRESS **2326 S CONGRESS AVE #2-C**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **T** ☒ Delete
NAME **LANE, LORI**
STREET ADDRESS **106 WOODLAKE CIR**
CITY-ST-ZIP **GREENACRES FL 33463**

TITLE **S** ☐ Delete
NAME **HANSEN, ARTHUR DR**
STREET ADDRESS **2326 S CONGRESS AVE #2-C**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T** ☐ Change ☒ Addition
NAME **Sarah Cooley**
STREET ADDRESS **2639 Danforth Terrace**
CITY-ST-ZIP **Wellington, B. 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Daytime Phone #

5/1/07