

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000108195

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: FIRST CARE CHIROPRACTIC CENTER, INC.

## Current Principal Place of Business:

1011 W. OAK RIDGE RD  
STE D  
ORLANDO, FL 32809

## New Principal Place of Business:

## Current Mailing Address:

1011 W. OAK RIDGE RD  
STE D  
ORLANDO, FL 32809

## New Mailing Address:

FEI Number: 59-3488409      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DIETZ, WILLIAM J  
25 SOUTH MAGNOLIA AVENUE  
ORLANDO, FL 32801      US

## Name and Address of New Registered Agent:

DIETZ, WILLIAM J  
930 WOODCOCK RD, SUITE 223  
ORLANDO, FL 32803      US

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:

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: EDMONDSON, DAVID R  
Address: 623 CARREY WAY  
City-St-Zip: ORLANDO, FL 32825

Title: D      ( ) Delete  
Name: AUXILA, JEAN F  
Address: 1601 CELLENY COURT  
City-St-Zip: KISSIMMEE, FL 34744

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D      (X) Change ( ) Addition  
Name: EDMONDSON, DAVID R  
Address: 623 CAREY WAY  
City-St-Zip: ORLANDO, FL 32825

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: DAVID R. EDMONDSON

D

04/25/2006

Electronic Signature of Signing Officer or Director

Date