


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90009 037 \*\*\*150.00

<b>DOCUMENT # P98000036898</b> 1. Entity Name <b>FRENCH CHIROPRACTIC CENTER, P.A.</b>					
Principal Place of Business <b>27970 CROWN LAKE BLVD., STE 1 BONITA SPRINGS, FL 34135</b>			Mailing Address <b>6120 TOWNCENTER CIR. NAPLES, FL 34119</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>16017 DelaRosa Ln</b> Suite, Apt. #, etc.			
City & State		City & State <b>Naples, FL</b>		4. FEI Number <b>59-3507211</b>	
Zip <b>34110</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <b>SMITH, BRADLEY R - 27657 OLD 41 BONITA SPRINGS, FL 34135</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Tammy J French, D.C. V.S.</u> DATE <u>7/16/06</u> <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD FRENCH, KENNETH G DC <input type="checkbox"/> Delete 6120 TOWNCENTER CIR. NAPLES, FL 34119		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16017 DelaRosa Ln Naples, FL 34110</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT FRENCH, KENNETH G DC <input type="checkbox"/> Delete 6120 TOWNCENTER CIR. NAPLES, FL 34119		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16017 DelaRosa Ln Naples, FL 34110</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS FRENCH, TAMMY J DC <input type="checkbox"/> Delete 6120 TOWNCENTER CIR. NAPLES, FL 34119		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>16017 DelaRosa Ln Naples, FL 34110</b>	
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	
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	
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: <u>Tammy J French, D.C. V.S.</u> Date <u>7/16/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					