

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000040472

1. Entity Name
B & D CHIROPRACTIC INC.



Principal Place of Business
**4242C NORTH FEDERAL HWY.
FT. LAUDERDALE, FL 33308**

Mailing Address
**4242C NORTH FEDERAL HWY.
FT. LAUDERDALE, FL 33308**



03262008 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0827184** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GERWIG, WILLIAM
4242C NORTH FEDERAL HWY.
FT. LAUDERDALE, FL 33308**

**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

William Gerwig

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/2/08
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

000000983510
04/17/08-80006-020 150.00

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **GERWIG, WILLIAM**
STREET ADDRESS **4242 N FEDERAL HWY**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE
NAME
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CITY-ST-ZIP

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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:

William Gerwig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08 954 390 7071
Date Daytime Phone #