2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000064162

1. Entity Name
R.A.J.D. CHIROPRACTIC CENTER, P.A.

Principal Place of Business	Mailing Address
1835 E. HALLANDALE BCH BLVD HALLANDALE, FL 33009	1835 E. HALLANDALE BCH BLVD SUITE 476 HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

03262005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0855048		Not Applicable

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

6. Name and Address of Current Registered Agent

RAJCHGOT, DANNY
3901 S. OCEAN DRIVE #7R
APT 7R
HOLLYWOOD, FL 33019

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 _____

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	RAJCHGOT, DANNY
STREET ADDRESS	3901 S. OCEAN DRIVE #7R
CITY-ST-ZIP	HOLLYWOOD, FL 33019

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ✓ _____   ✓ 3-29-05   ✓ 954-861-1150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #