

05/01/06

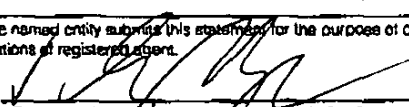
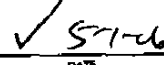
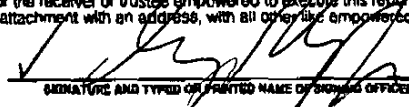
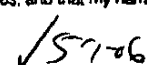
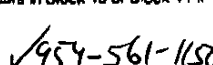
09:20

W HORWITZ CPA → 9543278330

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90259 034 ***150.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P98000064162					
1. Entity Name R.A.J.D. CHIROPRACTIC CENTER, P.A.					
Principal Place of Business 1835 E. HALLANDALE BCH BLVD HALLANDALE, FL 33009			Mailing Address 1835 E. HALLANDALE BCH BLVD SUITE 476 HALLANDALE, FL 33009		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0855048			Applied For Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			04292006 Chg-P CR2ED34 (11/05)		
6. Name and Address of Current Registered Agent RAJCHGOT, DANNY 3901 S. OCEAN DRIVE #7R APT 7R HOLLYWOOD, FL 33019			7. Name and Address of New Registered Agent Name Rajchgot, Danny Street Address (P.O. Box Number is Not Acceptable) 2081 South Ocean Drive Apartment 404 City Hallandale FL Zip Code 33009		
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  DATE 					
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	RAJCHGOT, DANNY		NAME		
STREET ADDRESS	3901 S. OCEAN DRIVE #7R		STREET ADDRESS	2081 South Ocean Drive, Apartment 404	
CITY- ST- ZIP	HOLLYWOOD, FL 33019		CITY- ST- ZIP	Hallandale, FL 33009	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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 prepare 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: 			Date  Daytime Phone # 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		