

04/30/07

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W HORWITZ CPA → 9544913105

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90037 021 ***150.00

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
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DO NOT WRITE IN THIS SPACE

03272007 No Chg-P CR2ED34 (11/05)

4. FEI Number 65-0855048	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAJCHGOT, DANNY 2081 S. OCEAN DRIVE APT 404 HALLANDALE, FL 33009	DO NOT WRITE IN THIS SPACE
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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 filer's applications.

(NOTE: Registered Agent signature required when transferring)

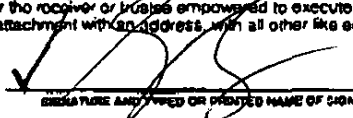
DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST RAJCHGOT, DANNY 2081 S. OCEAN DRIVE APT 404 HALLANDALE, FL 33009
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**DO NOT WRITE
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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exemption From 9

✓ 4-30-07

✓ 954-561-1150