

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000070549

FILED
Apr 23, 2006
Secretary of State

Entity Name: AMARAL CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

8010 NORTH UNIVERSITY DRIVE
FIRST FLOOR
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

8010 NORTH UNIVERSITY DRIVE
FIRST FLOOR
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 65-0862240

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMARAL MOJICA, MICHELLE
8010 NORTH UNIVERSITY DRIVE
FIRST FLOOR
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AMARAL MOJICA, MICHELLE
Address: 8010 NORTH UNIVERSITY DRIVE
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE AMARAL MOJICA

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04/23/2006

Electronic Signature of Signing Officer or Director

Date