


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000070549 1. Entity Name AMARAL CHIROPRACTIC CENTER, P.A.	
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Principal Place of Business 8010 NORTH UNIVERSITY DRIVE FIRST FLOOR TAMARAC, FL 33321	Mailing Address 8010 NORTH UNIVERSITY DRIVE FIRST FLOOR TAMARAC, FL 33321
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01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0862240	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AMARAL MOJICA, MICHELLE 8010 NORTH UNIVERSITY DRIVE FIRST FLOOR TAMARAC, FL 33321

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMARAL MOJICA, MICHELLE 8010 NORTH UNIVERSITY DRIVE TAMARAC, FL 33321
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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 the empowered.

SIGNATURE: Michelle Amaral Mojica 2/2/08 (954) 721-5543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #