

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000012308

1. Entity Name
RISOLDI FAMILY CHIROPRACTIC, P.A.



Principal Place of Business
RISOLDI FAMILY CHIROPRACTIC PA
25845 US 19 NORTH
CLEARWATER, FL 34623 US

Mailing Address
25845 U.S. HWY. 19 NORTH
CLEARWATER, FL 34623 US



01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3580468

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

RISOLDI, MICHAEL J D.C.
25845 U.S. HIGHWAY 19 N.
CLEARWATER, FL 33763

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DR
RISOLDI, MICHAEL J
25845 US HWY 19 NORTH
CLEARWATER, FL 33763

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000378370
01/09/06-80002-023 150.00

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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

Daytime Phone #

Michael J. Risoldi 1-3-06 727 757 990