

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000015936

**FILED**  
**Apr 11, 2006**  
**Secretary of State**

**Entity Name:** CONFORTI CHIROPRACTIC AND WELLNESS CENTER, INC.

**Current Principal Place of Business:**

4050 TAMPA ROAD, SUITE D  
OLDSMAR, FL 34677

**New Principal Place of Business:**

4040 TAMPA ROAD  
OLDSMAR, FL 34677

**Current Mailing Address:**

4050 TAMPA ROAD, SUITE D  
OLDSMAR, FL 34677

**New Mailing Address:**

4040 TAMPA ROAD  
OLDSMAR, FL 34677

**FEI Number:** 59-3558831

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONFORTI, CARL G  
4050 TAMPA ROAD, SUITE D  
OLDSMAR, FL 34677 US

**Name and Address of New Registered Agent:**

CONFORTI, CARL G  
4040 TAMPA ROAD  
OLDSMAR, FL 34677 US

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:** DR. CARL CONFORTI

04/11/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PVST ( ) Delete  
**Name:** CONFORTI, CARL G  
**Address:** 4050 TAMPA ROAD, SUITE D  
**City-St-Zip:** OLDSMAR, FL 34677

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PVST (X) Change ( ) Addition  
**Name:** CONFORTI, CARL G  
**Address:** 4040 TAMPA ROAD  
**City-St-Zip:** OLDSMAR, FL 34677

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:** DR. CARL CONFORTI

PRES

04/11/2006

Electronic Signature of Signing Officer or Director

Date