
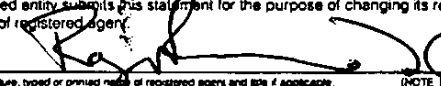
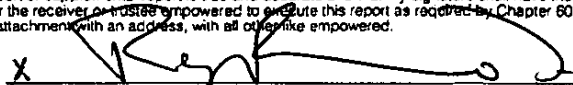


FILED  
Jun 26, 2008 8:00 am  
Secretary of State

05-21-2008 90021 020 \*\*\*150.00

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P99000051413		
1. Entity Name DR. ROGER R. VERO, D.C., P.A.		
Principal Place of Business 2620 N. AUSTRALIAN AVENUE, SUITE #100 STE. # 100 WEST PALM BEACH, FL 33407		Mailing Address 2620 N. AUSTRALIAN AVENUE, SUITE #102 STE. # 100 WEST PALM BEACH, FL 33407
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  VERNO, ROGER 2620 N AUSTRALIAN AVE, #100 WEST PALM BEACH, FL 33407		<b>DO NOT WRITE IN THIS SPACE</b>
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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>		DATE <u>6/23/08</u>
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VERNO, ROGER R 919 E. CYPRESS CREEK RD FORT LAUDERDALE, FL 33334	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>6/23/08</u> <u>954-491-3472</u> <small>Date Daytime Phone #</small>