

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000055913

Entity Name: APG CHIROPRACTIC, P.A.

FILED
Jul 07, 2006
Secretary of State

Current Principal Place of Business:

APG CHIROPRACTIC
3000 UNIVERSITY DRIVE SUITE A
CORAL SPRINGS, FL 33065

New Principal Place of Business:

APG CHIROPRACTIC
2929 N. UNIVERSITY DR. STE 204
CORAL SPRINGS, FL 33065 14

Current Mailing Address:

APG CHIROPRACTIC
3000 UNIVERSITY DRIVE SUITE A
CORAL SPRINGS, FL 33065

New Mailing Address:

APG CHIROPRACTIC
2929 N. UNIVERSITY DR. STE 204
CORAL SPRINGS, FL 33065 US

FEI Number: 65-0928380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLO, ANTHONY
APG CHIROPRACTIC
3000 UNIVERSITY DRIVE SUITE A
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

GALLO, ANTHONY
APG CHIROPRACTIC
2929 N. UNIVERSITY DR. STE 204
CORAL SPRINGS, FL 33065 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: ANTHONY GALLO

07/07/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: GALLO, ANTHONY
Address: 3000 UNIVERISTY DR., STE. A
City-St-Zip: MARGATE, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: GALLO, ANTHONY
Address: 2929 N. UNIVERSITY DR. STE 204
City-St-Zip: CORAL SPRINGS, FL 33065 US

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: ANTHONY GALLO

P

07/07/2006

Electronic Signature of Signing Officer or Director

Date