2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

DOCUMENT # P99000055913

1. Entity Name

APG CHIROPRACTIC, P.A.

Principal Place of Business



FILED May 02, 2008 08:00 AN Secretary of State

APG CHIROPRACTIC 2929 N. UNIVERSITY DR. STE 204 CORAL SPRINGS FL 33065 14				APG CHIROPRACTIC 2929 N. UNIVERSITY DR. STE 204 CORAL SPRINGS FL 33065 US										
2. Principal Place of Business - No P.O. Box #				3. Mailing Address										
Suite, Apr. #. etc.				Suite Apt #, etc.				1st MOORE CR2E034 (10/07)						
City & State				City & State				4. FEI Number 65-0928380 Applied For Not Applied						plied For t Applicable
Zıp		Country		Zip	itry		5. Certificati	e of Status D	esired			75 Add Required		
	6. Name	and Address o	I		7. Name an	d Address o	f New F	Registere	d Agent	t				
GALLO, ANTHONY APG CHIROPRACTIC 2929 N. UNIVERSITY DR. STE 2 CORAL SPRINGS FL 33065						Street Address (P.O. Box Number is Not Acceptable)								
				04										
		100 / 2 00				City					F	L Z	ip Code	•
8. The above the obligat	named entiti ions of regist	v subrnits this sta ered agent.	atement for th	ne purpose of changing it	s register	ed office or	r registere	d agent, or bo	oth, in the St	ate of Flo	orida. La	ım familia	ar with.	and accept
SIGNATURE .	Complete the Lorente	or capaged man in Street	a E Divined channels and C	the toyulcare A.C.	TE Canalina	a bacci		ebon seinstatings			DAT			
				<u>_</u>				r Kir en saturge	•		1,000			
After	May 1, 200	! FEE IS \$15 8 Fee Will Be Florida Depa	\$550.00	Control Section					9. Election Trust F		aign Fina Itribution	-4-		00 May Be d to Fees
10.	i imbu ne kis	OFFIC	ERS AND DIF	BECTORS	11.			ADDITIONS	/CHANGES	TO OFF	ICERS A	ND DIRE	CTORS	SIN 11
TITLE	PTD			☐ Delete	TITLE	·	Y	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 0		70271071		Change	Addition
NAME	GALLO, AI	YNOHTN		□ D¢¢le	MAK				Himi	nana.	AF117		mango	
STREET ADDRESS	1	IVERSITY DR.	STE 204		STRE	ET ADDRESS			05/29/	MUUUD MUUUD	145112 10122-	-กกร	150 r	30
CITY ST-ZIP	CORAL SP	RINGS FL 3306	65		CITY	-ST- 71P			00/20/	טיייטט	10171	ນບູບ	1	טע
TITLE				☐ Derete	TITLE			***************************************			***************************************		Change	Addition
NAME					MAII '	E							-	
STREET ADDRESS					STRE	FT ADDRESS								
Offy-ST-7IP					CITY	-\$1-ZIP								
TITLE				☐ Derete	TITLE								Change	Addition
NAME					MAM	Ĺ								
STREET ADDRESS	İ				STRE	ET ADDRESS								
CITY-ST-ZIP					CITY	-ST-ZIP								
TRILE				☐ Derete	TITLE	•							Change	Addition
NAME					NAM									
STREET ADDRESS						ET ADDRESS								
CITY-ST-ZIP					CITY	-ST-ZIP								
TITLE				De-ete	THTLE		1						Change	Addition
HAME					NAM									
STREET ADDRESS					1	ET ADDRESS								
CITY-S1-ZIP					CITY	- 31 - ZIF								
TITLE				☐ De-etc	TITLE							□ 0	Change	Addition
NAME					NAMI									
STREET ADDRESS						ET ADDRESS								
CITY-ST-ZIP					CITY	· ST · ZiP								

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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: Dan Mou M. ANTHON P. GALLO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

(954) 344-7225