


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000078296**

1. Entity Name  
 FRIEDMAN CHIROPRACTIC CENTER, PA



Principal Place of Business      Mailing Address  
 8510 WEST FLAGLER STREET      8510 WEST FLAGLER STREET  
 MIAMI, FL 33144      MIAMI, FL 33144

**DO NOT WRITE IN THIS SPACE**



02082005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 65-0947981      Not Applicable

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

6. Name and Address of Current Registered Agent

FREEDMAN, DAVID H ESQ.  
 11900 BISCAYNE BLVD.  
 SUITE 616  
 NORTH MIAMI, FL 33181

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

000000226916  
 02/12/05-80036-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, GARRY DR. 8510 WEST FLAGLER STREET MIAMI, FL 33144
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of its assets, 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 to this address, with all other like empowered.

SIGNATURE: DR GARRY FRIEDMAN      Date: 2/7/05      Daytime Phone #: 305 227 1742