

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 06, 2006 8:00 am
Secretary of State

07-06-2006 90005 032 ***150.00

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1. Entity Name
FRIEDMAN CHIROPRACTIC CENTER, PA



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

Mailing Address
8510 WEST FLAGLER STREET
MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE



06302006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0947981

Applied For
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Overtime Phone #

4/10/06 305 227 1747

ATTACHMENT



Friedman Chiropractic Center

8510 West Flagler St. Miami, Fl. 33144 Phone: (305) 227-1742 Fax: (305) 227-2595

Dr. Garry I. Friedman, D.C., ABDA

Member of FCA
Member of ICA

Certified: 7003 1680 0000 0267 4639

June 30, 2006

2004 7760

7749 9000 0782 96

To Whom It May Concern:

I am enclosing my annual report and a check for \$150.00. Obviously you did not receive the original check and annual report that I sent on 4/10/06. As the reason being that there has been vandalism in our area over the last several months with the U. S. mail.

Upon reviewing my bank statement I noticed that the check that was sent on 4/10/06 to you had not cleared. I am resending same.

Thank you very much for your cooperation.

Sincerely,

Dr. Garry I. Friedman