

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S00067

1. Entity Name
A BAYOU CHIROPRACTIC CENTER, P.A.



Principal Place of Business
4761-6 BAYOU BLVD
PENSACOLA, FL 32503

Mailing Address
4761-6 BAYOU BLVD
PENSACOLA, FL 32503

FILED
May 03, 2006 08:00 AM
Secretary of State



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3036330

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CURRIER, ERIN D.C.
4761-6 BAYOU BLVD
PENSACOLA, FL 32503

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHERNEKOFF, GERALD S
STREET ADDRESS	4761-6 BAYOU BLVD
CITY-ST-ZIP	PENSACOLA, FL
TITLE	VP
NAME	C. ERIN CURRIER
STREET ADDRESS	4761-6 BAYOU BLVD
CITY-ST-ZIP	PENSACOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/19/06-80004-016 150.00

**DO NOT WRITE
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

Daytime Phone #

5/1/06