

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90191 041 \*\*\*150.00

**DOCUMENT # S40011**

1. Entity Name

MIAMI NICE CHIROPRACTIC CENTER, INC.



Principal Place of Business

8247 SW 124 ST.  
MIAMI FL 33156  
US

Mailing Address

8247 SW 124 ST.  
MIAMI FL 33156  
US

2. Principal Place of Business

P.O. Box 640435  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 640435  
Suite, Apt. #, etc.

City & State

NO. MIA. BCH, FL

City & State

NO. MIA. BCH, FL

4. FEI Number

65-0256211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUBINSTEIN, HENRY M.  
8247 SW 124 ST.  
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

18241 NE 7th Ct

City

NO. MIA. BCH

FL

Zip Code

33162

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	RUBINSTEIN, HENRY M.	
STREET ADDRESS	8247 SW 124 ST.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	SV	<input type="checkbox"/> Delete
NAME	RUBINSTEIN, PATTI CLEIN	
STREET ADDRESS	8247 SW 124 ST.	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	18241 NE 7th Ct.
CITY-ST-ZIP	NO. MIA. BCH, FL 33162
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	18241 NE 7th Ct.
CITY-ST-ZIP	NO. MIA. BCH, FL 33162
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Henry M. RUBINSTEIN PT 2-23-06 305-653-4744

Date

Daytime Phone #