

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # S40011

1. Entity Name

MIAMI NICE CHIROPRACTIC CENTER, INC.



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

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

4000J400-



1st MOORE CR2E034 (10/05)

Principal Place of Business 8247 SW 124 ST. MIAMI FL 33156 US	Mailing Address 8247 SW 124 ST. MIAMI FL 33156
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2. Principal Place of Business P.O. Box 640435 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 640435 Suite, Apt. #, etc.
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City & State No. MIA. Bch, FL	City & State No. MIA. Bch, FL	4. FEI Number 65-0256211	Applied For Not Applicable
Zip 33164	Country USA	Zip 33164	Country USA

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
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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 (NOTE: Registered Agent signature required when remailing)

DATE 2-23-06

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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PT NAME RUBINSTEIN, HENRY M. STREET ADDRESS 8247 SW 124 ST. CITY-ST-ZIP MIAMI FL 33156	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition 18241 NE 7th Ct. No. MIA. Bch, FL 33162
TITLE SV NAME RUBINSTEIN, PATTI CLEIN STREET ADDRESS 8247 SW 124 ST. CITY-ST-ZIP MIAMI FL 33156	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition 18241 NE 7th Ct. No. MIA. Bch, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition

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

305  
653-4744  
Date  
Daytime Phone #