

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr-16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # S40011**

1. Entity Name

MIAMI-NICE CHIROPRACTIC-CENTER, INC.



Principal Place of Business

PO BOX 640435  
NORTH MIAMI BEACH FL 33164  
US

Mailing Address

PO BOX 640435  
NORTH MIAMI BEACH FL 33164  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

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

7. Name and Address of New Registered Agent

RUBINSTEIN, HENRY M.  
18241 N.E. 7TH CT  
NORTH MIAMI BEACH FL 33162

Name

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

City

FL

Zip Code

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, 2007 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 ☐ Delete  
NAME RUBINSTEIN, HENRY M.  
STREET ADDRESS 18241 N.E. 7TH CT  
CITY-STATE-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☐ Change ☐ Addition  
NAME 000000711200  
STREET ADDRESS 04/25/07-80073-020 150.00  
CITY-STATE-ZIP

TITLE SV ☐ Delete  
NAME RUBINSTEIN, PATTI CLEIN  
STREET ADDRESS 18241 N.E. 7TH CT  
CITY-STATE-ZIP NORTH MIAMI BEACH FL 33162

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-STATE-ZIP

TITLE ☐ Delete  
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-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

Date

Daytime Phone #

HENRY M. RUBINSTEIN, PRES 4/11/07 305-653-4744