


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 09, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # S98623 1. Entity Name RICHARD SIEGLER, D.C., P.A.	
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Principal Place of Business 1133 FAIRLAKE TRACE 2016 WESTON, FL 33326 US	Mailing Address 1133 FAIRLAKE TRACE WESTON, FL 33326 US
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**DO NOT WRITE IN THIS SPACE**



05282008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0298966	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

SIEGLER, RICHARD  
 1133 FAIRLAKE TRACE  
 WESTON, FL 33326

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SIEGLER, RICHARD 1133 FAIRLAKE TRACE WESTON, FL 33326
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U00000959301  
 09/09/08-80005-013 150.00

**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]* X 9-1-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #