


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # V11439</b>		
1. Entity Name ARONOFF CHIROPRACTIC CENTER, INC.		


FILED

07 JUN -4 PM 12: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 5560 S. FLAMINGO RD. COOPER CITY, FL 33330	Mailing Address 5560 S. FLAMINGO RD. COOPER CITY, FL 33330
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2. Principal Place of Business - No P.O. Box # 5560 S. Flamingo Rd	3. Mailing Address 5560 S. Flamingo Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

	
05312007 Chg-P	CR2E034 (12/06)
4. FEI Number 65-0317641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

City & State Cooper City FL	City & State Cooper City FL
Zip 33330	Country USA

6. Name and Address of Current Registered Agent ARONOFF, KENNETH L. 5560 S. FLAMINGO RD. COOPER CITY, FL 33330	
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7. Name and Address of New Registered Agent Name: Lee M. Perdeck Street Address (P.O. Box Number is Not Acceptable): 5560 S. Flamingo Rd City: Cooper City FL Zip Code: 33330	
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: Lee Perdeck DATE: _____	

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARONOFF, KENNETH L. 5560 S. FLAMINGO RD. COOPER CITY, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Dr. Lee M. Perdeck 5560 S. Flamingo Rd Cooper City FL 33330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800104424838 06/15/07--01025--010 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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: Lee Perdeck SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 5/31/07 Daytime Phone #