

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000100405

**FILED  
Jan 19, 2007  
Secretary of State**

**Entity Name:** WILLMITCH CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

3750 GUNN HWY  
SUITE 2E  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

3750 GUNN HWY  
SUITE 2E  
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number:** 59-3749734      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLMITCH, MARTIN  
3750 GUNN HWY  
SUITE 2E  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: WILLMITCH, MARTIN  
Address: 3750 GUNN HWY, SUITE 2E  
City-St-Zip: TAMPA, FL 33618

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MRS. ( ) Change (X) Addition  
Name: WILLMITCH, JENNIFER A  
Address: 3750 GUNN HWY  
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. MARTIN A WILLMITCH

PSTD

01/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date