

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088681

FILED
Mar 26, 2006
Secretary of State

Entity Name: NEWBERRY CHIROPRACTIC HEALTH SERVICES, INC.

Current Principal Place of Business:

2441 NW 43RD ST.
#9
GAINESVILLE, FL 32606 US

New Principal Place of Business:

3930 SE 14 TERRACE
GAINESVILLE, FL 32641 US

Current Mailing Address:

2441 NW 43RD ST.
#9
GAINESVILLE, FL 32606 US

New Mailing Address:

3930 SE 14 TERRACE
GAINESVILLE, FL 32641 US

FEI Number: 59-3464808 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FELHEIM, RHONDA S
3930 SE 14 TERRACE
GAINESVILLE, FL 32641 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: D () Delete
Name: FELHEIM, RHONDA S
Address: 3930 SE 14 TERRACE
City-St-Zip: GAINESVILLE, FL 32641

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: RHONDA S FELHEIM

D

03/26/2006

Electronic Signature of Signing Officer or Director

_____ Date