

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90039 011 ***150.00

DOCUMENT # 547858 1. Entity Name HOLLYWOOD CHIROPRACTIC CLINIC, INC.					
Principal Place of Business 2710 VAN BUREN ST HOLLYWOOD, FL 33020			Mailing Address 2710 VAN BUREN ST HOLLYWOOD, FL 33020		
<i>No longer at above address</i>					
2. Principal Place of Business - No P.O. Box # 1250 E. HALLANDALE		3. Mailing Address 1250 E. HALLANDALE BEACH BLVD		07132007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. 2ND FLOOR		Suite, Apt. #, etc. 2ND FLOOR		4. FEI Number 59-1763006	
City & State HALLANDALE, FLA		City & State HALLANDALE BEACH, FLA		Applied For Not Applicable	
Zip 33009		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOCK, EILEEN 6499 ROYAL MANOR CIRCLE DELRAY BEACH, FL			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STOCK, JAMES M 6499 ROYAL MANOR CIRCLE DELRAY BEACH, FL 33434 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCK, EILEEN 6499 ROYAL MANOR CIRCLE DELRAY BEACH, FL 33434 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 7-17-07 Daytime Phone # _____		