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Secretary of State

06-05-2008 90156 001 ***150.00
06-05-2008 90156 002 *****8.75

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 574751

1. Entity Name
SPIEGEL CHIROPRACTIC CLINIC, INC.

66015030

Principal Place of Business
121 NORTH FRANKLIN STREET
SEBRING, FL 33870

Mailing Address
121 NORTH FRANKLIN STREET
SEBRING, FL 33870

04282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1833504

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL, JAMES R.
121 NORTH FRANKLIN STREET
SEBRING, FL 33870

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	V.PR
NAME	SPIEGEL, O. ARNOLD
STREET ADDRESS	1100 HOTIYEE AVE
CITY-ST-ZIP	SEBRING, FL
TITLE	PRES
NAME	SPIEGEL, JAMES R.
STREET ADDRESS	1881 LAKEVIEW DR
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	TRES
NAME	SPIEGEL, GLOA
STREET ADDRESS	1100 HOTIYEE AVE.
CITY-ST-ZIP	SEBRING, FL
TITLE	MRS.
NAME	SPIEGEL, PENNY A SECRETA
STREET ADDRESS	1881 LAKEVIEW DRIVE
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #