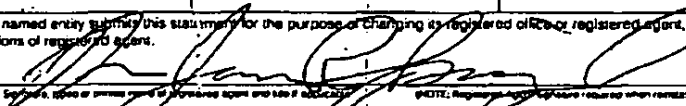
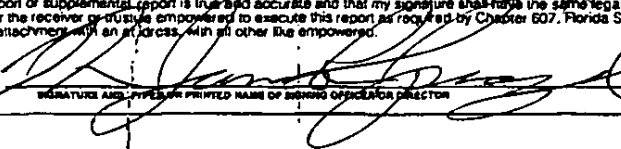


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 03, 2008 8:00 am
Secretary of State

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

DOCUMENT # 574751		
1. Entity Name SPIEGEL CHIROPRACTIC CLINIC, INC.		
Principal Place of Business 121 NORTH FRANKLIN STREET SEBRING, FL 33870	Mailing Address 121 NORTH FRANKLIN STREET SEBRING, FL 33870	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SPIEGEL, JAMES R. 121 NORTH FRANKLIN STREET SEBRING, FL 33870		DO NOT WRITE IN THIS SPACE
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  Signature, typed or printed name of registered agent and date of execution		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 NAME STREET ADDRESS CITY - ST - ZIP	V.P.R. SPIEGEL, O. ARNOLD 1100 HOTIYEE AVE SEBRING, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES SPIEGEL, JAMES R. 1881 LAKEVIEW DR SEBRING, FL 33870	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES SPIEGEL, GLOA 1100 HOTIYEE AVE. SEBRING, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MRS. SPIEGEL, PENNY A SECRETA 1881 LAKEVIEW DRIVE SEBRING, FL 33870	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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		

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04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1833504	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**