


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 13, 2007 08:00 AM
Secretary of State

DOCUMENT # 603949 1. Entity Name L. THORTON OWEN CHIROPRACTIC CLINIC, PROFESSIONAL ASSOCIATION	
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Principal Place of Business 4611 LAKE WORTH ROAD LAKE WORTH, FL 33463 US	Mailing Address 4611 LAKE WORTH ROAD LAKE WORTH, FL 33463 US
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07062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1496167	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

OWEN, L THORNTON 4611 LAKE WORTH ROAD LAKE WORTH, FL 33463
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OWEN, JR., D.C., L T 4611 LAKE WORTH ROAD LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>000000773898 09/13/07-80004-DD3 550.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u><i>L. Thornton Owen</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____	Daytime Phone # _____
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