2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

	ANNUAL	REFURI		- C.	anatamy of State	
DOCUMENT # 603949 1. Entity Name L. THORTON OWEN CHIROPRACTIC CLINIC, PROFESSIONAL ASSOCIATION					ecretary of State	
Principal Plac	ce of Business	Mailing Address	<u> </u>	1 -		
4611 LAKE	WORTH ROAD H, FL 33463 US	4611 LAKE WORTH ROAD	JS			
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DO NOT WRITE IN THIS SPAC			AE	07062007 No Chg-P CR2E034 (11/05)		
DO NOT WHILE IN THIS SPAN			U-E	4. FEI Number	Applied For	
, s.; .				59-1496167	Not Applicable \$8.75 Additional	
	a de a compressa de la compres			5. Certificate of Status Desired	Fee Required	
	6. Name and Address of Current Re	gistered Agent	m garjeri kiyasi belke g	etinge station in two remaining from an even of	es of an amiliar property of the first position of the con-	
4611 LAK	THORNTON E WORTH ROAD PRTH, FL 33463			DO NOT WI	attacher and a second of the second	
8. The above	named entity submits this statement for the	e purpose of changing its register	ed office or register	red agent, or both, in the State of Flor	ida. I am familiar with, and accept	
the obliga	tlons of registered agent.					
SIGNATURE.	<u> </u>	<u> </u>			·	
	Signature, typed or printed name of registered airent and	Nie if applicable (NOTE Registers	ed Agent signature required	when reinstating)	DATE	
	LE NOW!! FEE IS \$550.00 bue by September 14, 2007	Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees		
10.	OFFICERS AND DI	RECTORS	this interior to the term	a da tahuna di ngkama najaga da say ba		
TITLE NAME	PD OWEN,JR.,D.C.,LT					
STREET ADDRESS	4611 LAKE WORTH ROAD					
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NAME	***************************************					
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NAME	-		数据证			
STREET ADDRESS City-St-Zip				A CONTRACTOR OF THE STATE OF TH	Solvery Commencer of the Commencer of th	
	costil, that the information compile during the	a filing door wat qualify far the	American and the second	Lin Ohillian 110 Florid		
indicated of the cor	certify that the information supplied with thi on this report or supplemental report is the poration or the receiver or trustee empower	 ming does not qualify for the exit e and accurate and that my signa- red to execute this report as requi- 	emptions contained ture shall have the s red by Chapter 607	in Chapier 119, Florida Statutés. I h same legal effect as if made under oa ', Florida Statutes; and that my name	uriner certify that the information th, that I am an officer or director appears in Block 10 or Block 11 if	