

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F42436

FILED  
Mar 02, 2007  
Secretary of State

Entity Name: ARCADIA CHIROPRACTIC CLINIC, INC.

## Current Principal Place of Business:

936 NORTH MILLS AVENUE  
ARCADIA, FL 34266 US

## New Principal Place of Business:

## Current Mailing Address:

936 NORTH MILLS AVENUE  
ARCADIA, FL 34266 US

## New Mailing Address:

FEI Number: 59-2235861

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KIRSCHNER, DANIEL L  
C/O ARCADIA CHIROPRACTIC CLINIC, INC.  
936 NORTH MILLS AVENUE  
ARCADIA, FL 34266 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KIRSCHNER, DANIEL L  
Address: 521 WOODSTORK LN  
City-St-Zip: PUNTA GORDA, FL 33982

Title: D ( ) Delete  
Name: KIRSCHNER, LOUIS  
Address: 4120 NE TURNER AVE  
City-St-Zip: ARCADIA, FL 34266

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: KIRSCHNER, DANIEL L DR  
Address: 521 WOODSTORK LN  
City-St-Zip: PUNTA GORDA, FL 33982

Title: D (X) Change ( ) Addition  
Name: KIRSCHNER, LOUIS H DR  
Address: 936 N MILLS AVE  
City-St-Zip: ARCADIA, FL 34266

Title: D ( ) Change (X) Addition  
Name: KIRSCHNER-FINLEY, JAMIE K DR  
Address: 521 WOODSTORK LANE  
City-St-Zip: PUNTA GORDA, FL 33982

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL KIRSCHNER

D

03/02/2007

Electronic Signature of Signing Officer or Director

Date