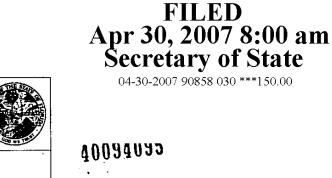
2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # H05090



1. Entity Name W. R. MUNSTER, D.C., P.A. Principal Place of Business Mailing Address 2512 PIKE COURT 821 N NOVA RD SOUTH DAYTONA, FL 32119 STE 1 US DAYTONA BEHAC, FL 32117 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 687 BEVILLE RD. Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 CR2E034 (12/06) SUITE B City & State 4. FEI Number Applied For City & State 59-2410257 Not Applicable SOUTH DAYTONA FL Country Country \$8.75 Additional 5. Certificate of Status Desired 32119 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MUNSTER, WR D.C. Street Address (P.O. Box Number is Not Acceptable) 821 N. NOVA RD. DAYTONA BCH, FL 32117 City Zip Code FL 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 Signature_typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Addition TITLE **PST** ☐ Delete TITLE Change NAME MUNSTER, W.R., D.C. NAME STREET ADDRESS 821 N NOVA RD STE 1 STREET ADDRESS CITY-ST-ZIP DAYTONA BEAHC, FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Oelete TITLE TITLE MARAE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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. DR. W. R. MUNSTER, D.C., P.A.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 386 322-9800