2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J31420

Entity Name: GULFCOAST CHIROPRACTIC CLINIC, INC.

FILED Sep 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1201 N. HIGHLAND AVE. 2520 ML KING ST. N

CLEARWATER, FL 34615 ST. PETERSBURG, FL 33704

Current Mailing Address: New Mailing Address:

1201 N. HIGHLAND AVE. 2520 ML KING ST N

CLEARWATER, FL 34615 ST. PETERSBURG, FL 33704

FEI Number: 59-2786602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DUMONT, LYNNE DONICA, HERBERT R ESQ 1201 N. HIGHLAND AVE. 106 S. TAMPANIA AVENUE CLEARWATER, FL 34615 US SUITE 250

TAMPA, FL 33609 US

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: HERBERT R. DONICA 09/07/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition DUMONT, LYNNE, BROOK, JR., JOHN V Name: Name: 1201 N. HIGHLAND AVE. 2520 ML KING ST. N Address: Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: ST. PETERSBURG, FL 33704

Title: DT () Delete Title: DT (X) Change () Addition

 Name:
 RAGUSO, RICHARD P
 Name:
 BROOK, JR., JOHN V

 Address:
 1201 N. HIGHLAND AVE.
 Address:
 2520 ML KING ST N

 City-St-Zip:
 CLEARWATER, FL 33755
 City-St-Zip:
 ST. PETERSBURG, FL 33704

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: V. JOHN BROOK, JR. DPT 09/07/2006