2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 08:00 A Secretary of State

	ANNUAL	REPORT		•1		Secre	tary of S
1. Entity Nam	MENT # J43858 CHIROPRACTIC CLINIC, P.A.						·
6536 STADII STE. L	ce of Business UM DR .S, FL 33542 US	Mailing Address 6536 STADIUM DR STE. L ZEPHYRHILLS, FL 33542	JS	L LUSTIN OF	1400 1421 1411 1104 1 1400 1401 1415 1419 14		F 8194 BJE 11881 1891 1 8184 BJE 11821 1881
C	OO NOT WRITE		CE	03312008 4. FEI Number 59-271 5. Certificate			11/05) Applied For Not Applicable 75 Additional Required
ļ	6. Name and Address of Current Re	Jistered Agent					
TOWLE, DANIEL P. 6536 STADIUM DR. UNIT L					NOT W		
	HILLS, FL 33542				THIS SF		
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							
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Frust Fund Contribution				.00 May Be led to Fees		00894164	
1ú.	OFFICERS AND DIF	ECTORS	1		U172471	15-6UU17-	005 150.00
NAME STREET AUDRESS CITY-ST-ZIP	DP TOWLE, DANIEL P. 6536 STADIUM DR, UNIT L ZEPHYRHILLS, FL						
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CITY- ST- ZIP		·					
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STREET ADDRESS City-St-Zif			!				

12. Thereby 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 algorithms that the same legal effect as it made under cells; 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.

Duln

Disylinia Phone 5

SIGNATURE AND TYPED OR PRINTED HAME OF SHANING OFFICER OR DIRECTOR

SIGNATURE: