

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90044 043 ***158.75

DOCUMENT # J63648	
1. Entity Name CARE CHIROPRACTIC CENTERS, INC.	

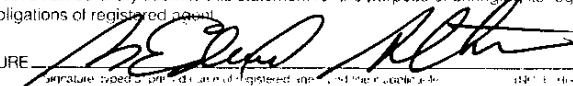
Principal Place of Business 3600 FOREST HILL BOULEVARD SUITE #3 WEST PALM BEACH, FL 33406	Mailing Address 3600 FOREST HILL BLVD SUITE # 3 WEST PALM BEACH, FL 33406
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2. Principal Place of Business - No P.O. Box # 9412 Indian School Road	3. Mailing Address 9412 Indian School Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

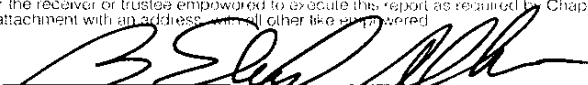
City & State Albuquerque, N.M	City & State Albuquerque, N.M
Zip 87112	Zip 87112
Country USA	Country USA

6. Name and Address of Current Registered Agent ALTMAN, EDWARD 305 PILGRIM ROAD WEST PALM BEACH, FL 33405	
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7. Name and Address of New Registered Agent Name: Dr. Edward ALTMAN Street Address (P.O. Box Number is Not Acceptable): 809 South west City: FT Lauderdale State: FL Zip Code: 33312	
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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: 7/2/2007	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ALTMAN, EDWARD 305 PILGRIM ROAD WEST PALM BEACH, FL 33405 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ALTMAN, EDWARD 512 KAHY CT NE Albuquerque, N.M 87123 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

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.	
SIGNATURE:  DATE: 7/3/2007 505-999-8185	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	