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Secretary of State
07-09-2007 90044 043 ***158.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J63648

1. Entity Name
CARE CHIROPRACTIC CENTERS, INC.

4U123300

Principal Place of Business	Mailing Address
3600 FOREST HILL BOULEVARD SUITE #3 WEST PALM BEACH, FL 33406	3600 FOREST HILL BLVD SUITE # 3 WEST PALM BEACH, FL 33406

07032007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9412 Indian School Road	9412 Indian School Road
Suite, Apt #, etc	Suite, Apt #, etc.
City & State: Albuquerque, N.M	City & State: Albuquerque, N.M
Zip: 87112 Country: USA	Zip: 87112 Country: USA

4. FEI Number 59-2797168 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALTMAN, EDWARD 305 PILGRIM ROAD WEST PALM BEACH, FL 33405	Name: Dr. Edward ALTMAN Street Address (P.O. Box Number is Not Acceptable): 809 South West 12 Ave City: FT Lauderdale FL Zip Code 33312

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 [signature] 7/2/2007
SIGNATURE TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE — DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 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.

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
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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: [signature] 7/3/2007 505-999-8185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #