

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K07628

FILED
Jan 09, 2006
Secretary of State

Entity Name: LOMBARDO CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

1180 W. GRANADA BLVD.
SUITE C
ORMOND BCH, FL 32174 US

Current Mailing Address:

P.O. BOX 731198
ORMOND BCH, FL 32173 US

New Principal Place of Business:

1400 HAND AVENUE
SUITE S
ORMOND BCH, FL 32174 US

New Mailing Address:

FEI Number: 59-2869050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOMBARDO, LINDA S
1180 W. GRANADA BLVD.
SUITE C
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

LOMBARDO, LINDA S
1400 HAND AVENUE
SUITE S
ORMOND BEACH, FL 32174 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:

01/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOMBARDO, LINDA S
Address: 1180 W. GRANADA BLVD., SUITE C
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LOMBARDO, LINDA S
Address: 1400 HAND AVENUE, SUITE S
City-St-Zip: ORMOND BEACH, FL 32174

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: LINDA S. LOMBARDO

D

01/09/2006

Electronic Signature of Signing Officer or Director

Date