

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90030 030 \*\*\*150.00

20006571



03132007 Chg-P CR2E034 (12/06)

4. FEI Number  
59-2869083

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

GERARD, JILL D DR.  
915 BIG TREE ROAD  
SOUTH DAYTONA, FL 32119

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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

*Jill D. Gerard*

3/13/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007, Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GERARD, JILL D DR 915 BIG TREE ROAD SOUTH DAYTONA, FL 32119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	Sec/Treas Christine Briggs 2014 Magnolia Ave South Daytona FL 32119	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Jill D. Gerard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07 386-756-0934

Date

Daytime Phone #

*Attachment* 20006571  
#K09477  
**Division of Corporations**

**Annual Report**

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. The filing information will be updated exactly as you have entered it. Once you have submitted the information, your filing cannot be updated, removed cancelled or refunded.

Document Number	K09477
Business Entity Name	MY CHIROPRACTOR OF SOUTH DAYTONA, INC.
FEI Number	592869083
FEI Number Status	
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

**Principal Place of Business**

Address	915 BIG TREE RD.
Suite, Apt. #, etc.	
City, State	SOUTH DAYTONA, FL
Zip Code & Country	32119

**Mailing Address**

Address	915 BIG TREE RD.
Suite, Apt. #, etc.	
City, State	SOUTH DAYTONA, FL
Zip Code & Country	32119

**Name and Address of Registered Agent**

Name (Last, First, Middle, Title)	GERARD, JILL , D. DR.
Address	915 BIG TREE ROAD
Suite, Apt. #, etc.	
City, State	SOUTH DAYTONA, FL
Zip Code & Country	32119 US
Registered Agent Signature	DR. JILL D. GERARD

**Officer/Director Name and Address**

Title	P
Name (Last, First, Middle, Title)	GERARD, JILL , D. DR
Street Address	915 BIG TREE ROAD
City, State	SOUTH DAYTONA, FL
Zip Code & Country	32119
Title	TREA
Name (Last, First, Middle, Title)	BRIGGS, CHRISTINE , J
Street Address	MAGNOLIA AVENUE
City, State	SOUTH DAYTONA, FL
Zip Code & Country	32119
Title	P
Officer/Director Signature	DR. JILL GERARD