2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K37408

BAYVIEW CHIROPRACTIC CENTER, P.A.

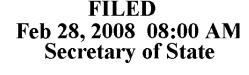
Principal Place of Business

2940 E COMMERCIAL BLVD

FT LAUDERDALE, FL 33308

Mailing Address

C/O BLAKESBERG & CO CPAS 951 SW FOURTH AVE BOCA RATON, FL 33432-5803





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02142008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0085491 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GILBERT, SCOTT BERNARD 894 NW 108 LANE CORAL SPRINGS, FL 33071



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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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10.	OFFICERS AND DIRE	CTORS	HARLEY PARTY PARTY	地位的基本社会的	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GILBERT, SCOTT BERNARD 894 NW 108TH LANE CORAL SPRINGS, FL 33071				
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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 exposed 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2/25/08 954-491-9149

Daving Phone 8