


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L05828
1. Entity Name
CHIROPRACTIC CLINICS, INC.



Principal Place of Business Mailing Address
516 PATRICIA **516 PATRICIA**
DUNEDIN, FL 34698 **DUNEDIN, FL 34698**



01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2963237 Not Applicable

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

6. Name and Address of Current Registered Agent
COLUCCI LYNN M.
218 MIDWAY ISLAND
CLEARWATER, FL 33767

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agents signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000514727
04/29/06-80184-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST COLUCCI, LYNN M. 218 MIDWAY ISLAND CLEARWATER, FL
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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 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  4/14/06 727-734-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #