


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05828 1. Entity Name CHIROPRACTIC CLINICS, INC.	
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Principal Place of Business 516 PATRICIA DUNEDIN, FL 34698	Mailing Address 516 PATRICIA DUNEDIN, FL 34698
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**DO NOT WRITE IN THIS SPACE**



03262008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2963237	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	PST COLUCCI, LYNN M. 218 MIDWAY ISLAND CLEARWATER, FL
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05/16/08-80003-025 150.00

**DO NOT WRITE IN THIS SPACE**

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:  DATE: 4-18-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #