

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L22718

FILED
Feb 16, 2007
Secretary of State

Entity Name: TREASURE COAST CHIROPRACTIC, INC.

Current Principal Place of Business:

1894 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

1894 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 65-0160431 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROTHSTEIN, GREGG
1894 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

ROTHSTEIN, GREGG J
1894 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952 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: GREGG J ROTHSTEIN 02/16/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ROTHSTEIN, GREGG J
Address: 1894 SE PORT ST. LUCIE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GREGG J ROTHSTEIN PSD 02/16/2007
Electronic Signature of Signing Officer or Director Date