

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L48176 1. Entity Name CROTON CHIROPRACTIC CLINIC, P.A.	
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Principal Place of Business C/O THOMAS F. FRAUENHOFER 2025 W. EAU GALLIE BLVD. MELBOURNE FL 32935	Mailing Address C/O THOMAS F. FRAUENHOFER 2025 W. EAU GALLIE BLVD. MELBOURNE FL 32935
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2985707	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRAUENHOFER, THOMAS F. 2025 W. EAU GALLIE BLVD MELBOURNE FL 32935	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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, applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete FRAUENHOFER, THOMAS F. 2025 W. EAU GALLIE BLVD. MELBOURNE FL
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000739760
CITY-STATE-ZIP	05/14/07-80040-008 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *DM. Fraunhofer* **DM. Thomas Fraunhofer 4-25-07 0828**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #