

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M13398

FILED
Apr 07, 2008
Secretary of State

Entity Name: 3 LAKES CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

3601 W. COMMERCIAL BLVD #11
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

3601 W. COMMERCIAL BLVD
#11
FT. LAUDERDALE, FL 33309

Current Mailing Address:

3601 W. COMMERCIAL BLVD #11
FT. LAUDERDALE, FL 33309

New Mailing Address:

3601 W. COMMERCIAL BLVD
#11
FT. LAUDERDALE, FL 33309

FEI Number: 59-2520837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINNREICH, MARTI
3601 W. COMMERCIAL BLVD.
#11
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVP () Delete
Name: SINNREICH, MARTI,
Address: 3601 W. COMMERCIAL #11
City-St-Zip: FT. LAUDERDALE, FL 33309

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 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: MARTI SINNREICH

DR

04/07/2008

Electronic Signature of Signing Officer or Director

Date