

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M92648

FILED
Sep 05, 2007
Secretary of State

Entity Name: KAROW CHIROPRACTIC CENTER, P.A.

Current Principal Place of Business:

% KENNETH G. KAROW
768 S CONGRESS AVE
WEST PALM BEACH, FL 334064126

New Principal Place of Business:

KENNETH G. KAROW
768 S CONGRESS AVE
WEST PALM BEACH, FL 334064126

Current Mailing Address:

% KENNETH G. KAROW
768 S CONGRESS AVE
WEST PALM BEACH, FL 334064126

New Mailing Address:

KENNETH G. KAROW
768 S CONGRESS AVE
WEST PALM BEACH, FL 334064126

FEI Number: 65-0066784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAROW, KENNETH G
768 S. CONGRESS AVE.
W PALM BEACH, FL 33406 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: PDST () Delete
Name: KAROW, KENNETH G
Address: 7685 CONGRESS AVE
City-St-Zip: WEST PALM BEACH, FL 33406

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change () Addition
Name: KAROW, KENNETH G
Address: 7685 CONGRESS AVE
City-St-Zip: WEST PALM BEACH, FL 33406

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: KENNETH G KAROW

PDST

09/05/2007

Electronic Signature of Signing Officer or Director

Date