2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001667

FILED Jul 27, 2008 Secretary of State

Entity Name: PALM BEACH COUNTY CHIROPRACTIC SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

7118 LAKE ISLAND DR. LAKE WORTH, FL 33467

Current Mailing Address: New Mailing Address:

7118 LAKE ISLAND DR. LAKE WORTH, FL 33467

FEI Number: 59-2119229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FLEAGANE, JAMIE L PERIU, OSMANY

8136-C BRIDGEWATER COURT 399 CAMINO GARDEN BLVD., #104 WEST PALM BEACH, FL 33406 US BOCA RATON, FL 33432 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: OSMANY PERIU 07/27/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name:FLEAGANE, JAMIE LName:PERIU, OSMANYAddress:8136-C BRIDGEWATER COURTAddress:399 CAMINO GARDEN BLVD., #104

City-St-Zip: WEST PLAM BEACH, FL 33406 City-St-Zip: BOCA RATON, FL 33432

Title: VP () Delete Title: VP (X) Change () Addition Name: PERIU, OSMANY Name: ANDERSON, DAVID

Address: 399 CAMINO GARDEN BLVD 104 Address: 2790 N. MILITARY TRAIL
City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: WEST PALM BEACH, FL 33409

Title: T () Delete Title: () Change () Addition

 Name:
 EBLING, RANDALL
 Name:

 Address:
 209 W BOYNTON BEACH BLVD.
 Address:

 City-St-Zip:
 BOYNTON BEACH, FL 33435
 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSMANY PERIU P 07/27/2008