

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000008866

FILED
Jan 06, 2007
Secretary of State

Entity Name: LAKE PLACID CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

6100 HIGHLAND ST
SEBRING, FL 33876

New Principal Place of Business:

Current Mailing Address:

6100 HIGHLAND ST
SEBRING, FL 33876

New Mailing Address:

FEI Number: 65-0980085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, ROBERT T D.C.
6100 HIGHLAND ST.
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

CLARK, ROBERT T D.C.
6100 HIGHLAND ST.
SEBRING, FL 33876 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:

01/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLARK, ROBERT T
Address: 6100 HIGHLAND STREET
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLARK, ROBERT T
Address: 6100 HIGHLAND STREET
City-St-Zip: SEBRING, FL 33876

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: ROBERT T. CLARK

P

01/06/2007

Electronic Signature of Signing Officer or Director

Date