

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000009864

FILED  
Jan 23, 2007  
Secretary of State

Entity Name: LAKE MARY CHIROPRACTIC CENTER, P.A.

## Current Principal Place of Business:

560 RINEHART RD  
SUITE 100  
LAKE MARY, FL 32746

## New Principal Place of Business:

## Current Mailing Address:

560 RINEHART RD  
SUITE 100  
LAKE MARY, FL 32746

## New Mailing Address:

FEI Number: 59-3622737

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOMA, PAUL M  
560 RINEHART RD., SUITE 100  
LAKE MARY, FL 32746 US

## Name and Address of New Registered Agent:

TOMA, PAUL M  
560 RINEHART ROAD  
SUITE 100  
LAKE MARY, FL 32746 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: PAUL TOMA

01/23/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: TOMA, PAUL  
Address: 560 RINEHART ROAD, SUITE 100  
City-St-Zip: LAKE MARY, FL 32746

## 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 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: PAUL TOMA

PRES

01/23/2007

Electronic Signature of Signing Officer or Director

Date