

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076676

FILED  
May 06, 2006  
Secretary of State

Entity Name: CLINICAL CHIROPRACTIC GROUP, INC.

## Current Principal Place of Business:

660 N STATE RD 7 SUITE 1  
PLANTATION, FL 33317

## New Principal Place of Business:

21685 STATE ROAD 7  
BOCA RATON, FL 33428

## Current Mailing Address:

7700 NW 10TH CT  
PLANTATION, FL 33322

## New Mailing Address:

FEI Number: 65-1032588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COOPER, WILLIAM R  
7700 NW 10TH CT  
PLANTATION, FL 33322 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

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COOPER, WILLIAM R  
Address: 7700 NW 10TH CT  
City-St-Zip: PLANTATION, FL 33322

Title: VPS ( ) Delete  
Name: COOPER, MARYJANE  
Address: 7700 NW 10 CT  
City-St-Zip: PLANTATION, FL 33322

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM R COOPER

PD

05/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date