

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90041 008 ***158.75

DOCUMENT # P00000089303

1. Entity Name
CHIROPRACTIC SOLUTIONS, INC.



Principal Place of Business

**2194 MAIN ST
SUITE E
DUNEDIN, FL 34698**

Mailing Address

**C/O JOHN SCHAEFER, ESQ.
650 MAIN ST
SAFETY HARBOR, FL 34695**

40020969



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

2194 Main Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite E

City & State

City & State

Dunedin, FL

Zip

Country

Zip

34698

Country

USA

02152007

Chg-P

CR2E034 (12/06)

4. FEI Number

59-3673774

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHAEFER, JOHN ESQ.
650 MAIN ST
SAFETY HARBOR, FL 34695**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PST
DR. SCOTT, CAROLYN MA,DC
6081 27TH AVE N
SAINT PETERSBURG, FL 33710**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carolyn Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolyn Scott

2/15/07 727-576-8817

Date

Daytime Phone #