

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000089303

**FILED**  
**Jan 28, 2008**  
**Secretary of State**

**Entity Name:** CHIROPRACTIC SOLUTIONS, INC.

**Current Principal Place of Business:**

2194 MAIN ST  
SUITE E  
DUNEDIN, FL 34698

**New Principal Place of Business:**

1501 LAKEVIEW RD  
CLEARWATER, FL 33756 US

**Current Mailing Address:**

2194 MAIN STREET  
SUITE E  
DUNEDIN, FL 34698

**New Mailing Address:**

6081 27TH AVENUE NORTH  
ST. PETERSBURG, FL 33710 US

**FEI Number:** 59-3673774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: DR. SCOTT, CAROLYN MA,DC  
Address: 6081 27TH AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33710

**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 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:** CAROLYN SCOTT, MA, DC

PST

01/28/2008

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

\_\_\_\_\_  
Date