

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000100632

FILED
Apr 11, 2007
Secretary of State

Entity Name: FLEMING ISLAND FAMILY CHIROPRACTIC, INC.

Current Principal Place of Business:

1515-3 BUSINESS CENTER DR.
ORANGE PARK, FL 32003

New Principal Place of Business:

1835-3 EAST WEST PARKWAY
ORANGE PARK, FL 32003

Current Mailing Address:

1515-3 BUSINESS CENTER DR.
ORANGE PARK, FL 32003

New Mailing Address:

1835-3 EAST WEST PARKWAY
ORANGE PARK, FL 32003

FEI Number: 59-3689130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, KRISTEN D.C.
1515-3 BUSINESS CENTER DR.
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

BURKE, KRISTEN D.C.
1835-3 EAST WEST PARKWAY
ORANGE PARK, FL 32003 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: KRISTEN BURKE

04/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR. () Delete
Name: BURKE, KRISTEN
Address: 3080 MAJESTIC OAKS LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: BURKE, KRISTEN
Address: 1812 COUNTY RD. 209B
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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: KRISTEN BURKE

OFFI

04/11/2007

Electronic Signature of Signing Officer or Director

Date