

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000105064

FILED
Jan 24, 2008
Secretary of State

Entity Name: THOMAS CHIROPRACTIC ASSOCIATES, P.A.

Current Principal Place of Business:

5314 26TH ST. W
BRADENTON, FL 34207

New Principal Place of Business:

5314 26TH ST. W
BRADENTON, FL 34207 US

Current Mailing Address:

1415 HARNESS HORSE LANE
104
BRANDON, FL 33511

New Mailing Address:

3029 BEAR OAK DR
VALRICO, FL 33511 US

FEI Number: 65-1056684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWE, FREDERICK T
FREDERICK T. LOWE, ESQ. P.A.
3907 HENDERSON BLVD SUITE 200
TAMPA, FL 33629 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: D () Delete
Name: THOMAS, BRUCE L DC
Address: 1415 HARNESS HORSE LANE, #104
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: THOMAS, BRUCE L DC
Address: 3029 BEAR OAK DR
City-St-Zip: VALRICO, FL 33594 US

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: BRUCE L THOMAS

D

01/24/2008

Electronic Signature of Signing Officer or Director

_____ Date