

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000114543

FILED
Apr 26, 2007
Secretary of State

Entity Name: CHIROMEDICAL REHABILITATION OF ORLANDO, INC.

Current Principal Place of Business:

4021 N ANDREWS AVE
STE 6
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

4021 N ANDREWS AVE #6
OAKLAND PARK, FL 33309

New Mailing Address:

FEI Number: 65-1070031

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROTTA, GREG
4021 N ANDREWS AVE
6
OAKLAND PARK, FL 33309 US

Name and Address of New Registered Agent:

PELLEGRINO, SAL DR.
4021 N ANDREWS AVE
6
OAKLAND PARK, FL 33309 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: DR. SAL PELLEGRINO

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PELLEGRINO, SAL
Address: 4021 N ANDREWS AVE #6
City-St-Zip: OAKLAND PARK, FL 33309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: PELLEGRINO, SAL
Address: 4021 N ANDREWS AVE #6
City-St-Zip: OAKLAND PARK, FL 33309

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: SAL PELLEGRINO

DR.

04/26/2007

Electronic Signature of Signing Officer or Director

Date