

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000118056

Entity Name: FIRST CHIROPRACTIC, INC.

FILED
Aug 30, 2007
Secretary of State

Current Principal Place of Business:

9746 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

New Principal Place of Business:

2700 NORTH STATE ROAD 7
MARGATE, FL 33063 US

Current Mailing Address:

9746 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

New Mailing Address:

2700 NORTH STATE ROAD 7
MARGATE, FL 33063 US

FEI Number: 65-1070198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMANN, JOHN P
9746 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

MCMANN, JOHN P
2700 NORTH STATE ROAD 7
MARGATE, FL 33063 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:

08/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: MCMANN, JOHN P
Address: 9746 WEST SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: T () Delete
Name: MCMANN, JOHN P
Address: 9746 WEST SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPVS (X) Change () Addition
Name: MCMANN, JOHN P
Address: 2700 NORTH STATE ROAD 7
City-St-Zip: MARGATE, FL 33063 US

Title: T (X) Change () Addition
Name: MCMANN, JOHN P
Address: 2700 NORTH STATE ROAD 7
City-St-Zip: MARGATE, FL 33063 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: JOHN P. MCMANN, D.C.

DPVS

08/30/2007

Electronic Signature of Signing Officer or Director

Date