
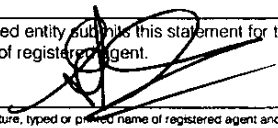
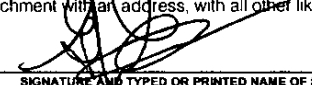


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90003 016 \*\*\*550.00

<b>DOCUMENT # P01000028057</b> 1. Entity Name <b>GRAHAM CHIROPRACTIC, P.A.</b>					
Principal Place of Business <b>7532 SAND LAKE RD ORLANDO, FL 32819</b>			Mailing Address <b>7532 SAND LAKE RD ORLANDO, FL 32819</b>		
2. Principal Place of Business - No P.O. Box # <i>(SAME)</i>		3. Mailing Address <i>(SAME)</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 	Country 	Zip 	Country 	4. FEI Number <b>59-3722924</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GRAHAM, GLENN 1353 GLEN HEATHER DR WINDERMERE, FL 34786</b>				7. Name and Address of New Registered Agent Name <b>GLENN GRAHAM</b> Street Address (P.O. Box Number is Not Acceptable) <b>11006 KENTMERE CT.</b> City <b>WINDERMERE</b> FL Zip Code <b>34786</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 				DATE: <b>8-15-08</b>	
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAHAM, GLENN S 1353 GLEN HEATHER DR WINDERMERE, FL 34786	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	GRAHAM, GLENN S 11006 KENTMERE CT WINDERMERE, FL 34786
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				DATE: <b>8-15-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>GLENN GRAHAM</b>				Daytime Phone #: <b>407-363-0052</b>	