2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 28, 2008 08:00 AN Secretary of State DOCUMENT # P01000040120 1. Entity Name ETHÉREDGE CHIROPRACTIC, P.A. Principal Place of Business Mailing Address 3261 US HWY 441 3261 US HWY 441 FRUITLAND PARK, FL 34731 FRUITLAND PARK, FL 34731 DO-NOT WRITE IN THIS SPACE No Chg-P CR2E034 (11/05) 03202008 4. FEI Number Applied For 59-3725450 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required DO NOT WRITE 6. Name and Address of Current Registered Agent WILLIAMS, ROBERT Q 380 W ALFRED STREET TAVARES, FL 32778 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ETHEREDE, R KIM NAME 3261 US HWY 441 STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK, FL 34731 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 tike empowered.

mue NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED