

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000047982

FILED
Feb 27, 2008
Secretary of State

Entity Name: HOWARD ACCIDENT & INJURY CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

6929-2 BEACH BLVD.
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6929-2 BEACH BLVD.
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3728625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, JEFF H D.C.
6929 BEACH BOULEVARD
JACKSONVILLE, FL 32216 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: P () Delete
Name: HOWARD, JEFF H
Address: 6929-2 BEACH BLVD.
City-St-Zip: JACKSONVILLE, FL 32216

Title: OFFI () Delete
Name: HOWARD, JAIME K
Address: 2437 W. FALLEN TREE
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEFF H HOWARD

DR

02/27/2008

Electronic Signature of Signing Officer or Director

Date