

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000062611

FILED
Mar 22, 2006
Secretary of State

Entity Name: CHIROPRACTIC ASSOCIATES OF ALACHUA, P.A.

Current Principal Place of Business:

15551 NW US HWY 441
UNIT 60
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1479
ALACHUA, FL 32616

New Mailing Address:

FEI Number: 59-3728957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, JASON T DC
15551 NW US HWY 441, UNIT 60
ALACHUA, FL 32615 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: D () Delete
Name: RICHESON, F. KEITH
Address: 15551 NW US HWY 441, UNIT 60
City-St-Zip: ALACHUA, FL 32615

Title: PT () Delete
Name: POWELL, JASON T
Address: 15551 NW US HWY 441, UNIT 60
City-St-Zip: ALACHUA, FL 32615

Title: VPS (X) Delete
Name: RICHESON, MARCUS K
Address: 15551 NW US HWY 441, UNIT 60
City-St-Zip: ALACHUA, FL 32615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: POWELL, JASON T DC
Address: 15551 NW US HWY 441, UNIT 60
City-St-Zip: ALACHUA, FL 32615

Title: VP (X) Change () Addition
Name: RICHESON, MARCUS K DC
Address: 15551 NW US HWY 441, UNIT 60
City-St-Zip: ALACHUA, FL 32615

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

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: JASON T POWELL

DP

03/22/2006

Electronic Signature of Signing Officer or Director

Date