


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2007 8:00 am
Secretary of State

04-24-2007 90016 029 ***150.00

DOCUMENT # P0100006261	
1. Entity Name CHIROPRACTIC ASSOCIATES OF ALACHUA, P.A.	

Principal Place of Business 15551 NW US HWY 441 UNIT 60 ALACHUA FL 32615	Mailing Address P.O. BOX 1479 ALACHUA FL 32616
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2. Principal Place of Business - No P.O. Box # 15043 Main St.	3. Mailing Address 15043 Main St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

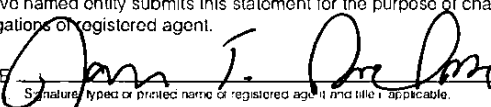
1st MOORE CR2E034 (10/06)

City & State Alachua, FL	City & State Alachua, FL
Zip 32615	Zip 32615
Country USA	Country USA

4. FEI Number 59-3728957	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POWELL, JASON T DC 15551 NW US HWY 441, UNIT 60 ALACHUA FL 32615	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) 15043 Main St. City Alachua FL Zip Code 32615
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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 4-16-07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POWELL, JASON T DC 15551 NW US HWY 441, UNIT 60 ALACHUA FL 32615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15043 Main St. Alachua, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHESON, MARCUS K DC 15551 NW US HWY 441, UNIT 60 ALACHUA FL 32615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15043 Main St. Alachua, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Section 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 4-16-07 386-462-5886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR