2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007
Secretary of State

DOCUMENT# P02000000918

Entity Name: LEWIS CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

2100 SE 17 STREET #201
OCALA, FL 34471

New Principal Place of Business:

1597 SE PRESTWICK LANE
PORT ST. LUCIE, FL 34952

Current Mailing Address:

2100 SE 17 STREET #201
OCALA, FL 34471

New Mailing Address:

1597 SE PRESTWICK LANE
PORT ST. LUCIE, FL 34952

FEI Number: 04-3589057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, MATTHEW K
2100 SE 17 STREET #201
OCALA, FL 34471 US

Name and Address of New Registered Agent:

LEWIS, MATTHEW K
1597 SE PRESTWICK LANE
PORT ST LUCIE, FL 34952 US

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: 02/07/2007
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEWIS, MATTHEW K
Address: 2100 SE 17 STREET #201
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LEWIS, MATTHEW K
Address: 1597 SE PRESTWICK LANE
City-St-Zip: PORT ST LUCIE, FL 34952

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: MATTHEW K LEWIS D 02/07/2007
Electronic Signature of Signing Officer or Director — Date