2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081930

Entity Name: HORNBACK CHIROPRACTIC AND WELLNESS, P.A.

FILED Feb 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

11023 GATEWOOD DRIVE BRADENTON, FL 34212

SUITE 101

BRADENTON, FL 34211

Current Mailing Address: New Mailing Address:

9916 SR 64 E 11023 GATEWOOD DRIVE SUITE 101 BRADENTON, FL 34212

BRADENTON, FL 34211

FEI Number: 04-3707414 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CASWELL, CHRIS CASWELL, CHRIS 2364 FRUITVILLE RD 240 S PINÉAPPLE AVENUE, SUITE 802

SARASOTA, FL 34237 US SARASOTA, FL 34236

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: 02/17/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

HORNBACK, CYNTHIA HORNBACK, CYNTHIA Name: Name: 4621 SWORDFISH DRIVE Address: 4621 SWORDFISH DRIVE Address: City-St-Zip: BRADENTON, FL 34208 City-St-Zip: BRADENTON, FL 34208

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: CYNTHIA HORNBACK 02/17/2007 DR