

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000115133

FILED
Apr 28, 2008
Secretary of State

Entity Name: NETWORK CHIROPRACTIC CONSULTANTS INC.

Current Principal Place of Business:

1380 NE 184TH STREET
264
NORTH MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

3245 NE 184TH STREET
APT # 13412
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 75-3112556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGYROPOULOS, GEORGE
3245 NE 184TH STREET
13412
NORTH MIAMI, FL 33179 US

Name and Address of New Registered Agent:

ARGYROPOULOS, GEORGE
3245 NE 184TH STREET
13412
NORTH MIAMI, FL 33160 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:

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARGYROPOULOS, GEORGE
Address: 1380 NE MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI, FL 33179

Title: MD () Delete
Name: WEINER, LAWRENCE
Address: 6890 MIRAMAR PARKWAY, SUITE F
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ARGYROPOULOS, GEORGE
Address: 1380 NE MIAMI GARDENS DRIVE, STE. 264
City-St-Zip: NORTH MIAMI, FL 33179

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: GEORGE ARGYROPOULOS

DR.

04/28/2008

Electronic Signature of Signing Officer or Director

Date