# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 10, 2007**
**Secretary of State**

DOCUMENT# P03000015364

**Entity Name:** MIDNIGHT PASS CHIROPRACTIC, INC.

**Current Principal Place of Business:**

5700 MIDNIGHT PASS STE 2
SARASOTA, FL 34242

**New Principal Place of Business:**

39OO CLARK RD
H1
SARASOTA, FL 34233

**Current Mailing Address:**

5700 MIDNIGHT PASS STE 2
SARASOTA, FL 34242

**New Mailing Address:**

3900 CLARK ROAD
SUITE H-1
SARASOTA, FL 34233

**FEI Number: 30-0149653** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LANSKY, GLEN R
LANSKY & COURTNEY, P.L.
137 S PARSONS AVE
BRANDON, FL 33511 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: DR. ( ) Delete
Name: BERMAN, JONATHAN
Address: 5700 MIDNIGHT PASS STE 2
City-St-Zip: SARASOTA, FL 34242

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DR. (X) Change ( ) Addition
Name: BERMAN, JONATHAN
Address: 3900 CLARK RD SUITE H1
City-St-Zip: SARASOTA, FL 34233

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: JONATHAN BERMAN PRES 04/10/2007

Electronic Signature of Signing Officer or Director — Date