

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000069466

1. Entity Name
FRC CHIROPRACTIC, INC.



Principal Place of Business
1500 COUNTY ROAD 1
#275
DUNEDIN, FL 34698

Mailing Address
1500 COUNTY ROAD 1
#275
DUNEDIN, FL 34698

**FILED
May 01, 2008 08:00 AM
Secretary of State**



03312008 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0713816	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CUNNINGHAM, FREDERICK R
1500 COUNTY ROAD 1
#275
DUNEDIN, FL 34698

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P,VP
NAME CUNNINGHAM, FREDERICK R
STREET ADDRESS 1500 COUNTY ROAD 1, #275
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE S,T
NAME CUNNINGHAM, FREDERICK R
STREET ADDRESS 1500 COUNTY ROAD 1, #275
CITY-ST-ZIP DUNEDIN, FL 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000940748
05/28/08-80079-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 APRIL '08 121-459-1943

Date

Daytime Phone #