

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000090349

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** UNIVERSITY CHIROPRACTIC CENTER, INC.

**Current Principal Place of Business:**

8233 COOPER CREEK BLVD  
UNIVERSITY PK, FL 34201

**New Principal Place of Business:**

**Current Mailing Address:**

8233 COOPER CREEK BLVD  
UNIVERSITY PK, FL 34201

**New Mailing Address:**

**FEI Number:** 20-0157888

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARNSPERGER, C. BRADY  
8233 COOPER CREEK BLVD  
UNIVERSITY PK, FL 34201 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:** D ( ) Delete  
**Name:** ARNSPERGER, C. BRADY  
**Address:** 7224 SPOONFLOWER CT  
**City-St-Zip:** BRANDENTON, FL 34202

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

**Title:** D (X) Change ( ) Addition  
**Name:** ARNSPERGER, C. BRADY  
**Address:** 515 SAND CRANE CT  
**City-St-Zip:** BRANDENTON, FL 34212

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:** CHARLES BRADY ARNSPERGER

DR

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date