



2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90050 011 ***150.00

DOCUMENT # P04000008569 1. Entity Name CHIROPRACTIC HEALTH CLINIC OF BREVARD PA					
Principal Place of Business 110 N TROPICAL TRAIL MERRITT ISLAND, FL 32953 US			Mailing Address 136 VALENCIA ROAD ROCKLEDGE, FL 32955		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 110 N TROPICAL TRAIL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State MERRITT ISLAND, FL		4. FEI Number 20-0571558	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent GRIMM, PAUL V 136 VALENCIA ROAD ROCKLEDGE, FL 32955	
Zip		Country		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIMM, PAUL V 136 VALENCIA ROAD ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRIMM, KAREN 136 LAIRMLIA RD ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  KAREN GRIMM <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/12/07 (321) 459-4400 <small>Date Daytime Phone #</small>		