

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000016407

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: UNIVERSITY CHIROPRACTIC, INC.

**Current Principal Place of Business:**

10157 UNIVERSITY BLVD  
ORLANDO, FL 32817

**New Principal Place of Business:**

**Current Mailing Address:**

10157 UNIVERSITY BLVD  
ORLANDO, FL 32817

**New Mailing Address:**

FEI Number: 42-1615072

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NEWMAN, ALAN D  
6024 RALEIGH ST APT 2815  
ORLANDO, FL 32835 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: P ( ) Delete  
Name: NEWMAN, ALAN D  
Address: 6024 RALEIGH ST PR 2815  
City-St-Zip: ORLANDO, FL 32855

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALAN D. NEWMAN

DC

04/06/2006

Electronic Signature of Signing Officer or Director

Date