2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008
Secretary of State

DOCUMENT# P04000016407

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:

NEWMAN, ALAN D
7153 HIAWASSE OVERLOOK DR
ORLANDO, FL 32835 US

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: ALAN NEWMAN 05/22/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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 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 NEWMAN MR 05/22/2008
Electronic Signature of Signing Officer or Director Date