


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90082 033 ***150.00

DOCUMENT # P04000036823	
1. Entity Name CHIROPRACTIC INJURY & RECOVERY CENTER, INC.	

Principal Place of Business 310 SALVIA COURT BRADENTON, FL 34212 US	Mailing Address 310 SALVIA COURT BRADENTON, FL 34212 US
---	---

2. Principal Place of Business - No P.O. Box # 4916 26 ST W	3. Mailing Address 4916 26 ST W
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200

City & State BRADENTON, FL	City & State BRADENTON, FL
Zip 34207	Zip 34207
Country	Country



03162007 Chg-P CR2E034 (12/06)

4. FEI Number 20-0783038	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent SUTHERLAND, DEAN S 310 SALVIA COURT BRADENTON, FL 34210	7. Name and Address of New Registered Agent Name SUTHERLAND, DEAN S Street Address (P.O. Box Number is Not Acceptable) 4916 26 ST W #200 City BRADENTON FL Zip Code 34207
---	--

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  **Dr. Dean Sutherland** DATE **3/26/07**

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 SUTHERLAND, DEAN S 4105 51ST DRIVE WEST BRADENTON, FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUTHERLAND, DEAN S 4916 26 ST W #200 BRADENTON, FL 34207 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:  **Dr. Dean Sutherland** Date **3/26/07** Daytime Phone # **941 755 1581**