
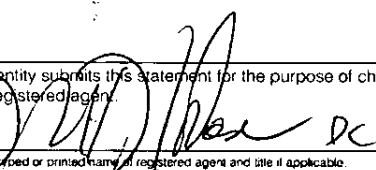
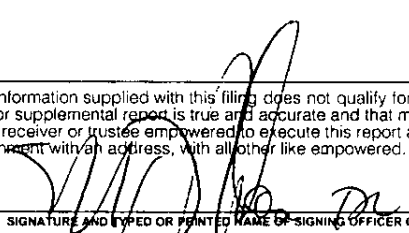


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90058 049 \*\*\*150.00

<b>DOCUMENT # P04000063519</b> 1. Entity Name <b>NODARSE CHIROPRACTIC CORP</b>																											
Principal Place of Business <b>1960 SW 27TH AVE 1ST FLOOR MIAMI, FL 33145</b>		Mailing Address <b>788 NE 74ST MIAMI, FL 33138</b>																									
2. Principal Place of Business - No P.O. Box # <b>1800 SW 27 AVE</b>		3. Mailing Address <b>1800 SW 27 AVE</b>																									
Suite, Apt. #, etc. <b>604</b>		Suite, Apt. #, etc. <b>604</b>																									
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>																									
Zip <b>33145</b>		Zip <b>33145</b>																									
Country <b>USA</b>		Country <b>USA</b>																									
4. FEI Number <b>26-0094018</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>NODARSE, MARIA T 788 NE 74ST MIAMI, FL 33138</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1800 SW 27th AVE #604</b> City <b>FL</b> Zip Code																									
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:  <b>MARIA T NODARSE D.C.</b> <b>4-31-07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD NODARSE, MARIA T</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>788 N.E. 74ST</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33138</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PD NODARSE, MARIA T	<input type="checkbox"/> Delete	NAME	788 N.E. 74ST		STREET ADDRESS	MIAMI, FL 33138		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">1800 SW 27th AVE Suite 604</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>MIAMI FL 33145</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	1800 SW 27th AVE Suite 604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	MIAMI FL 33145		STREET ADDRESS			CITY-ST-ZIP		
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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:  <b>MARIA T NODARSE</b> <b>4-31-07</b> <b>305-7995300</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																									