2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2008
Secretary of State

DOCUMENT# P04000072678

Entity Name: HILLSBOROUGH CHIROPRACTIC CENTER INC.

Current Principal Place of Business:

607 C W. MARTIN LUTHER KING
101
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

607 C W. MARTIN LUTHER KING
101
TAMPA, FL 33603

New Mailing Address:

FEI Number: 20-1081649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LESLEY, JACQUES
607 W. MLK BL STE 101
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

LESLY, JACQUES
607C W. MLK BLVD., STE 101
TAMPA, FL 33603 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: LESLY JACQUES 07/17/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JACQUES, LESLY
Address: 607 W. MLK BL #101
City-St-Zip: TAMPA, FL 33603

Title: VD ( ) Delete
Name: JACQUES, JUDITH C
Address: 607 W. MLK BL #101
City-St-Zip: TAMPA, FL 33603

Title: STD ( ) Delete
Name: CYPRIEN, MELCHIOR
Address: 607 W MLK BL #101
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LESLY JACQUES PD 07/17/2008
Electronic Signature of Signing Officer or Director Date