

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000170746

FILED  
Apr 06, 2007  
Secretary of State

Entity Name: OCEAN CHIROPRACTIC AND HEALTH CENTER, INC.

**Current Principal Place of Business:**

805 VIRGINIA AVENUE  
STE 10  
FT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

805 VIRGINIA AVENUE  
STE 10  
FT PIERCE, FL 34982

**New Mailing Address:**

FEI Number: 02-0735207      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DEINER, MELISSA S  
526 SE DIXIE HWY  
STUART, FL 34994      US

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

DEINER, MELISSA S  
805 VIRGINIA AVE #10  
FT PIERCE, FL 34982      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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/06/2007

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: DEINER, JOHN B  
Address: 805 VIRGINIA AVNUE #10  
City-St-Zip: FT PIERCE, FL 34982

Title: P      ( ) Delete  
Name: DEINER, MELISSA S  
Address: 526 SE DIXIE HWY  
City-St-Zip: STUART, FL 34994

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

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

Title: P      (X) Change ( ) Addition  
Name: DEINER, MELISSA S  
Address: 811 SE OCEAN BLVD  
City-St-Zip: STUART, FL 34994

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: J. BRADLEY DEINER

Electronic Signature of Signing Officer or Director

P

04/06/2007

Date