

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000015900

Entity Name: RELIEF CHIROPRACTIC, INC.

FILED
May 02, 2007
Secretary of State

Current Principal Place of Business:

1307 WEST NEW MARKET ROAD
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

1307 WEST NEW MARKET ROAD
IMMOKALEE, FL 34142

New Mailing Address:

FEI Number: 20-2246858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARC L. SHAPIRO, P.A.
720 GOODLETTE RD. N.
STE. 304
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

JUHOS, PETER
4315 14TH STREET AVE N.E.
NAPLES, FL 34120 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: PETER JUHOS

05/02/2007

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: PD () Delete
Name: JUHOS, PETER
Address: 1307 WEST NEW MARKET ROAD
City-St-Zip: IMMOKALEE, FL 34142

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: PETER JUHOS

P

05/02/2007

Electronic Signature of Signing Officer or Director

Date