2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007
Secretary of State

DOCUMENT# P05000032732

Entity Name: NORTH LAUDERDALE CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

5460 NORTH STATE RD 7
SUITE 112
FT. LAUDERDALE, FL 33063

New Principal Place of Business:

5460 NORTH STATE RD 7
SUITE 112
NORTH LAUDERDALE, FL 33319

Current Mailing Address:

5460 NORTH STATE RD 7, SUITE 112
STE 112
FT. LAUDERDALE, FL 33063

New Mailing Address:

5460 NORTH STATE RD 7, SUITE 112
STE 112
NORTH LAUDERDALE, FL 33319

FEI Number: 83-0423113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAGNON, DOUGLAS DR
5460 NORTH STATE RD 7, SUITE 112
NORTH LAUDERDALE, FL 33319 US

Name and Address of New Registered Agent:

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 — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GAGNON, DOUGLAS
Address: 5460 N. STATE RD. 7 STE. 112
City-St-Zip: FT. LAUDERDALE, FL 33063

Title: D ( ) Delete
Name: ZILEA, DOMINIC
Address: 5460 NORTH STATE RD 7, SUITE 112
City-St-Zip: FT. LAUDERDALE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GAGNON, DOUGLAS
Address: 5460 N. STATE RD. 7 STE. 112
City-St-Zip: NORTH LAUDERDALE, FL 33319

Title: D (X) Change ( ) Addition
Name: ZILEA, DOMINIC
Address: 5460 NORTH STATE RD 7, SUITE 112
City-St-Zip: NORTH LAUDERDALE, FL 33319

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: DOUGLAS D GAGNON DIR 04/02/2007

Electronic Signature of Signing Officer or Director — Date