

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000032732

FILED  
Apr 07, 2008  
Secretary of State

**Entity Name:** NORTH LAUDERDALE CHIROPRACTIC CENTER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

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

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

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:** DOUGLAS D GAGNON

PRES

04/07/2008

Electronic Signature of Signing Officer or Director

Date