2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008
Secretary of State

DOCUMENT# P05000069723

Entity Name: MEDINA CHIROPRACTIC, INC.

Current Principal Place of Business:

4864 NW 110 PLACE
DORAL, FL 33178 US

New Principal Place of Business:

787 KING SWORD COURT
MABLETON, GA 30126 US

Current Mailing Address:

4864 NW 110 PLACE
DORAL, FL 33178 US

New Mailing Address:

787 KING SWORD COURT
MABLETON, GA 30126 US

FEI Number: 20-2826673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEDINA, D.C., FLAVIA M
4864 NW 110 PLACE
DORAL, FL 33178 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: DR. ( ) Delete
Name: MEDINA, D.C., FLAVIA M
Address: 4864 NW 110 PLACE
City-St-Zip: DORAL, FL 33178 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: MEDINA, D.C., FLAVIA M
Address: 787 KING SWORD COURT
City-St-Zip: MABLETON, GA 30126 US

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: FLAVIA M. MEDINA DR 02/19/2008

Electronic Signature of Signing Officer or Director Date