2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073954

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Entity Name: PALM COAST CHIROPRACTIC CENTER, INC.

FILED Mar 09, 2006 Secretary of State

Current Principal Place of Business: A721 E. MOODY BLVD. BUNNELL, FL 32110 Current Mailing Address: A721 E. MOODY BLVD. BUNNELL, FL 32110 Current Mailing Address: A721 E. MOODY BLVD. BUNNELL, FL 32110 Current Mailing Address: A721 E. MOODY BLVD. BUNNELL, FL 32110 A721 E. MOODY BLVD. BUNNELL, FL 32110 FEI Number: 20-2879652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Name and Address of New Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent: SEPS, DONALD J. ATRIUM STE., 1 FLORIDA PARK DR. SOUTH PALM COAST, FL 32137 US The above named entity submits this statement for the purpose of changing its registered office or registered as in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Electronic Signatur	•				
BUNNELL, FL 32110 Current Mailing Address: Ar21 E. MOODY BLVD. BUNNELL, FL 32110 Ar21 E. MOODY BLVD. BUNNELL, FL 32110 FEI Number: 20-2879652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Date FEI Number: Correct Registered Agent: Name and Address of New Registered Agent Name and Address of New Registered Agent Name: Thornic Signature of Registered Agent Title: Name: Thornic Jennies Lagent Name: Thornic Jennies L	Current Principal Place of Business:		New Princi	New Principal Place of Business:	
4721 E. MOODY BLVD. BUNNELL, FL 32110 4721 E. MOODY BLVD. SUITE 204 BUNNELL, FL 32110 FEI Number: 20-2879652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name and Address of New Registered Agent: 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 in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND Title: Name: Address: Address: Address: Address: City-St-Zip: BUNNELL, FL 32110 US Title: () Delete Title: DR. () Change (X) Addition Name: THORNTON, JENNIFER L Address: Address: City-St-Zip: BUNNELL, FL 32110 US Title: DR. () Change (X) Addition			SUITE 204		
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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: JENNIFER L THORNTON DR. 03/09/2006