2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000073954

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FILED Jan 05, 2007 Secretary of State

Entity Name: PALM COAST CHIROPRACTIC CENTER, INC.

| - | f Rucinace | | | |
|---|---|--|---|--|
| | Current Principal Place of Business: | | e of Business: | |
| Y BLVD. | | | | |
| 32110 | | | | |
| Current Mailing Address: | | New Mailing Addre | New Mailing Address: | |
| | | | | |
| 879652 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address | Name and Address of New Registered Agent: | |
| 1 FLORIDA | PARK DR. SOUTH US | | | |
| | bmits this statement for the | purpose of changing its register | red office or registered agent, or both, | |
| | | | | |
| Electronic Signature of Registered Agent | | ent | Date | |
| ın Financing 1 | rust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| ORNTON, JÉN | NIFER L BLVD. SUITE 204 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| | elete | Title: | () Change () Addition | |
| | ng Address: 32110 2879652 dress of Cu D J. 1 FLORIDA FL 32137 med entity su Florida. Electronic gn Financing 1 ID DIRECTO () D ORNTON, JENI 21 E. MOODY | ng Address: 27 BLVD. 32110 2879652 FEI Number Applied For () dress of Current Registered Agent: D J. 1 FLORIDA PARK DR. SOUTH FL 32137 US ned entity submits this statement for the Florida. Electronic Signature of Registered Agent Financing Trust Fund Contribution (). ID DIRECTORS: . () Delete ORNTON, JENNIFER L 21 E. MOODY BLVD. SUITE 204 | New Mailing Address: New Mailing Address: NY BLVD. 32110 R879652 FEI Number Applied For () FEI Number Not Applicable () dress of Current Registered Agent: Name and Address D J. 1 FLORIDA PARK DR. SOUTH FL 32137 US need entity submits this statement for the purpose of changing its register Florida. Electronic Signature of Registered Agent on Financing Trust Fund Contribution (). RD DIRECTORS: ADDITIONS/CHANGED Name: Address: | |

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 01/05/2007