

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000085402

FILED
Mar 07, 2007
Secretary of State

Entity Name: APEX CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

5304 SILVER STAR RD
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

5304 SILVER STAR RD
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: 20-3006565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUN, RUBENS
2103 CASSINGHAM CIRCLE
OCOE, FL 34761 US

Name and Address of New Registered Agent:

THEODORE, HENRY
930 HACIENDA COURT
ORLANDO, FL 32808 US

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: HENRY THEODORE

03/07/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRUN, RUBENS
Address: 2103 CASSINGHAM CIRCLE
City-St-Zip: OCOE, FL 347610000 US

Title: VP () Delete
Name: THEODORE, HENRY
Address: 930 HACIENDA CT
City-St-Zip: ORLANDO, FL 328080000 US

Title: SEC (X) Delete
Name: THEODORE, EDNER
Address: 9536 CASTLEFORD POINT
City-St-Zip: ORLANDO, FL 328360000 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THEODORE, HENRY
Address: 930 HACIENDA COURT
City-St-Zip: ORLANDO, FL 32808 US

Title: VP (X) Change () Addition
Name: BRUN, JOCELYN
Address: 5304 SILVER STAR
City-St-Zip: ORLANDO, FL 328080000 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HENRY THEODORE

P

03/07/2007

Electronic Signature of Signing Officer or Director

Date