

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000093969

Entity Name: 4-D CHIROPRACTIC, INC.

FILED  
Apr 17, 2007  
Secretary of State

## Current Principal Place of Business:

101 POLO PARK BLVD, SUITE 5A  
DAVENPORT, FL 33897

## New Principal Place of Business:

## Current Mailing Address:

1705 E HWY 50 SUITE B  
CLERMONT, FL 34711

## New Mailing Address:

FEI Number: 20-3097376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SORCHY, PAUL C II  
17805 BONNIEVISTA COURT  
WINTER GARDEN, FL 34787 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: P ( ) Delete  
Name: SORCHY, PAUL C II  
Address: 17805 BONNIEVISTA COURT  
City-St-Zip: WINTER GARDEN, FL 34787

Title: V ( ) Delete  
Name: FERRER, ALBERT  
Address: 5464-8 E MICHIGAN STREET  
City-St-Zip: ORLANDO, FL 32812

Title: S ( ) Delete  
Name: LEWIS, MICHAEL R  
Address: 2622 HARTWOOD PINES WAY  
City-St-Zip: CLERMONT, FL 34710

Title: O ( ) Delete  
Name: HASKELL, JEFFREY S  
Address: 1711 WYCLIFF STREET  
City-St-Zip: ORLANDO, FL 32803

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: PAUL C SORCHY

P

04/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date