2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P05000093969

Entity Name: 4-D CHIROPRACTIC, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

1536 SUNRISE PLAZA DR.
SUITE 103
CLERMONT, FL 34714

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	(X) Delete
Name:	FERRER, ALBERT	
Address:	5464-8 E MICHIGAN STREET	
City-St-Zip:	ORLANDO, FL 32812	
Title:	S	(X) Delete
Name:	LEWIS, MICHAEL R	
Address:	2622 HARTWOOD PINES WAY	
City-St-Zip:	CLERMONT, FL 34710	
Title:	O	(X) 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 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 II P 04/28/2008

Electronic Signature of Signing Officer or Director — Date