

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000111184

FILED
Feb 19, 2007
Secretary of State

Entity Name: JUNO BEACH FAMILY CHIROPRACTIC, INC.

Current Principal Place of Business:

869 DONALD ROSS ROAD, SUITE D-3
PLAZA LE MER
JUNO BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

869 DONALD ROSS ROAD, SUITE D-3
PLAZA LE MER
JUNO BEACH, FL 33408

New Mailing Address:

FEI Number: 20-3286296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOCH, JUDY W
77 SE SUPERIOR WAY
STUART, FL 34997 US

Name and Address of New Registered Agent:

SCHOCH, EPPIE C
869 DONALD ROSS ROAD
JUNO BEACH, FL 33408 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: EPPIE C. SCHOCH

02/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SCHOCH, BRETT D
Address: 869 DONALD ROSS ROAD, SUITE D-3
City-St-Zip: JUNO BEACH, FL 33408

Title: VP () Delete
Name: SCHOCH, RICHARD N
Address: 869 DONALD ROSS ROAD, SUITE D-3
City-St-Zip: JUNO BEACH, FL 33408

Title: SEC () Delete
Name: SCHOCH, JUDY W
Address: 869 DONALD ROSS ROAD, SUITE D-3
City-St-Zip: JUNO BEACH, FL 33408

Title: TREA () Delete
Name: SCHOCH, EPPIE C
Address: 869 DONALD ROSS ROAD, SUITE D-3
City-St-Zip: JUNO BEACH, FL 33408

Title: DIR () Delete
Name: BRANDI SCHOCH SOVERE, L
Address: 2570 SE STONEBRIAR WAY
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: SCHOCH, EPPIE C
Address: 869 DONALD ROSS ROAD, SUITE D-3
City-St-Zip: JUNO BEACH, FL 33408

Title: SEC (X) Change () Addition
Name: SCHOCH, EPPIE C
Address: 869 DONALD ROSS ROAD, SUITE D-3
City-St-Zip: JUNO BEACH, FL 33408

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: BRETT D. SCHOCH, D.C.

PRES

02/19/2007

Electronic Signature of Signing Officer or Director

Date