

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000163270

FILED  
Mar 08, 2007  
Secretary of State

Entity Name: HARRIS CHIROPRACTIC CLINIC, INC.

## Current Principal Place of Business:

460 STATE RD 436  
# 200  
CASSELBERRY, FL 32707

## New Principal Place of Business:

## Current Mailing Address:

460 STATE RD 436  
# 200  
CASSELBERRY, FL 32707

## New Mailing Address:

FEI Number: 20-3940144

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARRIS, MARK W D.C.  
460 STATE RD 436  
# 200  
CASSELBERRY, FL 32707 US

## Name and Address of New Registered Agent:

HARRIS, MARK W D.C.  
5611 BEAR STONE RUN  
OVIEDO, FL 32765 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: MARK W HARRIS

03/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HARRIS, MARK W D.C.  
Address: 460 STATE RD 436 - # 200  
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: HARRIS, MARK W D.C.  
Address: 45611 BEAR STONE RUN  
City-St-Zip: OVIEDO, FL 32765 US

Title: T ( ) Change (X) Addition  
Name: HARRIS, ELIZABETH A  
Address: 5611 BEAR STONE RUN  
City-St-Zip: OVIEDO, FL 32765 US

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: MARK W HARRIS, D.C.

D

03/08/2007

Electronic Signature of Signing Officer or Director

Date