

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000021711

**FILED**  
**Feb 28, 2007**  
**Secretary of State**

**Entity Name:** TRINITY OPTIMUM CHIRO CARE INC.

**Current Principal Place of Business:**

763 UNIVERSITY BLVD. N  
JACKSONVILLE,, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10488  
JACKSONVILLE, FL 32247

**New Mailing Address:**

**FEI Number:** 41-2194806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ADNER, DHAITI  
763 UNIVERSITY BLVD. N  
JACKSONVILLE, FL 32211 US

**Name and Address of New Registered Agent:**

COPELAND, DIANE  
763 UNIVERSITY BLVD. N  
JACKSONVILLE, FL 32211 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: DIANE COPELAND

02/28/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DHAITI, ADNER  
Address: 763 UNIVERSITY BLVD. N  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP ( ) Delete  
Name: DHAITI, ADNER  
Address: 763 UNIVERSITY BLVD. N  
City-St-Zip: JACKSONVILLE,, FL 32211

Title: SEC ( ) Delete  
Name: DHAITI, ADNER  
Address: 763 UNIVERSITY BLVD. N  
City-St-Zip: JACKSONVILLE, FL 32211

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: COPELAND, DIANE  
Address: 763 UNIVERSITY BLVD. N  
City-St-Zip: JACKSONVILLE, FL 32211

Title: VP (X) Change ( ) Addition  
Name: COPELAND, DIANE  
Address: 763 UNIVERSITY BLVD. N  
City-St-Zip: JACKSONVILLE,, FL 32211

Title: SEC (X) Change ( ) Addition  
Name: COPELAND, DIANE  
Address: 763 UNIVERSITY BLVD. N  
City-St-Zip: JACKSONVILLE, FL 32211

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: DIANE COPELAND

PRES

02/28/2007

Electronic Signature of Signing Officer or Director

Date