

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000022447

Entity Name: 441 CHIROPRACTIC CARE, INC.

FILED
Mar 05, 2008
Secretary of State

Current Principal Place of Business:

3640 N STATE RD 7
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

Current Mailing Address:

3640 N STATE RD 7
LAUDERDALE LAKES, FL 33319

New Mailing Address:

FEI Number: 20-4322303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ABELLARD, MARGARETTE
3640 NORTH STATE RD 7
LAUDERDALE LAKES, FL 33319 US

Name and Address of New Registered Agent:

EXAVIER, MAURICE
3640 NORTH STATE RD 7
LAUDERDALE LAKES, FL 33319 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: EXAVIER MAURIECE

03/05/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EXAVIER, MAURICE
Address: 3640 N STATE RD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ZVI, ELLIOTT D CP
Address: 3640 N STATE RD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319

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: ELLIOTT DAVID ZVI

P

03/05/2008

Electronic Signature of Signing Officer or Director

Date