2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT Jan 07, 2008 08:00 AN **Secretary of State** DOCUMENT # P06000025385 1. Entity Name A 1 A VERO CHIROPRACTIC, INC. Principal Place of Business Mailing Address 1480 A1A 1480 A1A VERO BCH, FL 32963 VERO BCH, FL 32963 with the same and the same and the same of 01032008 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 20-5003812 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **DO NOT WRITE** FRIES, SUSAN B 1480 A1A VERO BCH, FL 32963 IN THIS SPACE They was in a second or one with a surged the look second 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME FRIES, SUSAN B STREET ADDRESS 1480 A1A VERO BCH, FL 32963 CITY-ST-ZIP To the head of the the free of the making his property with the same TITLE NAME September 19 Comment of the Comment STREET ADDRESS न्यात् । प्राप्तः र द्वामान हो हुनारे कुल्हेस् हुनी । महोतान हिन्द उसे पहाँचे । ही CITY-ST-ZIP and the state of the state of the state of the state of TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME 医血囊 经最级的 医克克特氏病 医克克特氏病 医克克特氏病 STREET ADDRESS The state of the state of the state of CITY-ST-ZIP TITLE with the same survey of the same of the sa NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME The state of the second with the second state of the second second second second STREET ADDRESS A CHARLES AND A COMMENT CONTROL OF THE CONTROL OF T

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an affectment with an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/08

772-234-4337

Daytime Phone #

FILED