


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

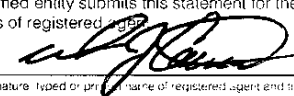
01-22-2007 90103 039 ***150.00

DOCUMENT # P06000025568	
1. Entity Name SF CHIROPRACTIC & REHAB CENTER INC	

Principal Place of Business 4602 N ARMENIA AVE D-3 TAMPA, FL 33603	Mailing Address 4602 N ARMENIA AVE D-3 TAMPA, FL 33603
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
YO, SIN 8894 N 56TH ST TAMPA, FL 33617	

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 1/18/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P KIM, YONG H 4602 N ARMENIA AVE TAMPA, FL 33603 <input type="checkbox"/> Delete
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12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 1/18/07

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01152007 Chg-P CR2E034 (12/06)

4. FEI Number 20-4359825	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name BOB J. COULTER	
Street Address (P.O. Box Number is Not Acceptable) 1524 WEAVER DR	
City Lutz, FL	Zip Code 33555

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: 	DATE 1/18/07
Daytime Phone # 813-777-5637	