

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90056 026 ***150.00

DOCUMENT # P06000051804					
1. Entity Name ADVANCED CHIROPRACTIC CARE OF CENTRAL FLORIDA, INC.					
Principal Place of Business 5850 MARLAKE DRIVE ORLANDO, FL 32839			Mailing Address 5850 MARLAKE DRIVE ORLANDO, FL 32839		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4674877	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ACOSTA, EDGARDO 5850 MARLAKE DRIVE ORLANDO, FL 32839			Name STADER MAUREPAS		
			Street Address (P.O. Box Number is Not Acceptable) 5850 MARLAKE DR		
			City ORLANDO FL Zip Code 32839		
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 05-01-07	
Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating)					
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAMIREZ, MANUEL	NAME			
STREET ADDRESS	5850 MARLAKE DRIVE	STREET ADDRESS			
CITY - ST - ZIP	ORLANDO, FL 32839	CITY - ST - ZIP			
TITLE	VP D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ACOSTA, EDGARDO	NAME			
STREET ADDRESS	5850 MARLAKE DRIVE	STREET ADDRESS			
CITY - ST - ZIP	ORLANDO, FL 32839	CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	P. D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		NAME	STADER MAUREPAS		
STREET ADDRESS		STREET ADDRESS	5850 MARLAKE DR		
CITY - ST - ZIP		CITY - ST - ZIP	ORLANDO FL 32839		
TITLE	<input type="checkbox"/> Delete	TITLE	M.B.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		NAME	EMMANUEL G. ACOSTA		
STREET ADDRESS		STREET ADDRESS	5850 MARLAKE DR		
CITY - ST - ZIP		CITY - ST - ZIP	ORLANDO FL 32839		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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 4/11/07 Daytime Phone # (407) 852-0194	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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