

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000075741

FILED  
Jul 01, 2007  
Secretary of State

Entity Name: SLOAN CHIROPRACTIC, INC.

## Current Principal Place of Business:

201 E. MAGNOLIA AVENUE, STE. B  
EUSTIS, FL 32726

## New Principal Place of Business:

## Current Mailing Address:

118 WILD FERN DRIVE  
LONGWOOD, FL 32779

## New Mailing Address:

FEI Number: 20-4983573

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SLOAN, MORGAN C JR.  
118 WILD FERN DRIVE  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SLOAN, MORGAN C JR.  
Address: 118 WILD FERN DRIVE  
City-St-Zip: LONGWOOD, FL 32779

Title: VP ( ) Delete  
Name: TILLIS, JOYCE  
Address: 37153 COUNTY ROAD 452  
City-St-Zip: GRAND ISLAND, FL 32735

Title: T ( ) Delete  
Name: SLOAN, SCOT S DR.  
Address: 37153 COUNTY RD. 452  
City-St-Zip: GRAND ISLAND, FL 32735

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MORGAN SLOAN

P

07/01/2007

Electronic Signature of Signing Officer or Director

Date