

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000088343

FILED  
Aug 10, 2007  
Secretary of State

Entity Name: ADVANCE CHIROPRACTIC ADJUSTMENT, INC.

## Current Principal Place of Business:

280 PATTERSON ROAD  
SUITE 2  
HAINES CITY, FL 33844

## New Principal Place of Business:

## Current Mailing Address:

280 PATTERSON ROAD  
SUITE 2  
HAINES CITY, FL 33844

## New Mailing Address:

P O BOX 420244  
KISSIMMEE, FL 34742

FEI Number: 20-5782324

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MERCIER, ANNE-RUTHE  
280 PATTERSON ROAD  
SUITE 2  
HAINES CITY, FL 33844 US

## Name and Address of New Registered Agent:

LUBIN, ROSE  
280 PATTERSON ROAD  
SUITE 2  
HAINES CITY, FL 33844 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: ROSE LUBIN

08/10/2007

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: MERCIER, ANNE-RUTHE  
Address: 280 PATTERSON ROAD - SUITE 2  
City-St-Zip: HAINES CITY, FL 33844

Title: VP ( ) Delete  
Name: VILME, NADINE  
Address: 280 PATTERSON ROAD  
City-St-Zip: HAINES CITY, FL 33844

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: MERCIER, ANNE-RUTHE  
Address: 280 PATTERSON ROAD - SUITE 2  
City-St-Zip: HAINES CITY, FL 33844

Title: P (X) Change ( ) Addition  
Name: LUBIN, ROSE  
Address: 280 PATTERSON ROAD  
City-St-Zip: HAINES CITY, FL 33844

Title: VP ( ) Change (X) Addition  
Name: LUBIN, RONALD  
Address: 405 MARLBERRY LEAF AVE  
City-St-Zip: KISSIMMEE, FL 34758

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: ROSE LUBIN

P

08/10/2007

Electronic Signature of Signing Officer or Director

Date