

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 26, 2007
Secretary of State**

DOCUMENT# P06000101280

Entity Name: BROWNSVILLE MEDICAL CHIRO CENTER, INC.

Current Principal Place of Business:

6277 OLD WINTER GARDEN ROAD
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

6277 OLD WINTER GARDEN ROAD
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 20-5315004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUCLAIR, ANDRE
6277 OLD WINTER GARDEN ROAD
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

COPELAND, D.C., DIANE
6277 OLD WINTER GARDEN ROAD
ORLANDO, FL 32835 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: DIANE COPELAND, D.C. 12/26/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DUCLAIR, ANDRE
Address: 6277 OLD WINTER GARDEN ROAD
City-St-Zip: ORLANDO, FL 32835

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COPELAND, D.C., DIANE
Address: 6277 OLD WINTER GARDEN ROAD
City-St-Zip: ORLANDO, FL 32835

Title: VP () Change (X) Addition
Name: COPELAND, D.C., DIANE
Address: 6277 OLD WINTER GARDEN ROAD
City-St-Zip: ORLANDO, FL 32835

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: DIANE COPELAND, D.C. P 12/26/2007
Electronic Signature of Signing Officer or Director Date