## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000101280

Entity Name: BROWNSVILLE MEDICAL CHIRO CENTER, INC.

FILED Feb 15, 2008 Secretary of State

| Current Principal Place of Business: New Principal Place of Business | Current Principal Place of Business: | New Principal Place of Business |
|--|--------------------------------------|---------------------------------|
|--|--------------------------------------|---------------------------------|

6277 OLD WINTER GARDEN ROAD ORLANDO, FL 32835

Current Mailing Address: New Mailing Address:

6277 OLD WINTER GARDEN ROAD ORLANDO, FL 32835

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COPELAND, D.C., DIANE

6277 OLD WINTER GARDEN ROAD

ORLANDO, FL 32835 US

WILLIAM, PURCELL R

6277 OLD WINTER GARDEN ROAD

ORLANDO, FL 32835 US

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: WILLIAM PURCELL 02/15/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Title: PV () Delete Title: P (X) Change () Addition

 Name:
 COPELAND,D.C., DIANE
 Name:
 PURCELL, WILLIAM

 Address:
 6277 OLD WINTER GARDEN ROAD
 Address:
 22 COQUINA LAKE WAY

City-St-Zip: ORLANDO, FL 32835 City-St-Zip: ORMOND BEACH, FL 32174

 Title:
 D
 (X) Delete
 Title:

 Name:
 PURCELL, WILLIAM R
 Name:

 Address:
 22 COQUINA LAKE WAY
 Address:

 City-St-Zip:
 ORMOND BEACH, FL 32174
 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: WILLIAM PURCELL D 02/15/2008