

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000107914

Entity Name: FULTON CHIROPRACTIC, P.A.

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

8841 COLLEGE PKWY.
FT. MYERS, FL 33919

New Principal Place of Business:

8841 COLLEGE PKWY.
SUITE 102
FT. MYERS, FL 33919

Current Mailing Address:

8841 COLLEGE PKWY.
FT. MYERS, FL 33919

New Mailing Address:

8841 COLLEGE PKWY.
SUITE 102
FT. MYERS, FL 33919

FEI Number: 51-0595892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FULTON, CHARLES L
8841 COLLEGE PKWY.
FT. MYERS, FL 33919 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FULTON, CHARLES L
Address: 8841 COLLEGE PKWY.
City-St-Zip: FT. MYERS, FL 33919

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: O () Change (X) Addition
Name: FULTON, WENDY L
Address: 8841 COLLEGE PKWY.
City-St-Zip: FT.MYER, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the 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: DR. CHARLES L. FULTON, D.C.

D

04/19/2007

Electronic Signature of Signing Officer or Director

Date