

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90012 001 ***300.00

| | |
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| DOCUMENT # P06000129449 | |
| 1. Entity Name USA CHIROPRACTIC & REHAB CENTER, INC. | |



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| Principal Place of Business 1120 SUNSET STRIP SUNRISE, FL 33313 | Mailing Address 1120 SUNRISE STRIP SUNRISE, FL 33313 |
|---|--|

66000267



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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

01172008 Chg-P CR2E034 (12/06)

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|-----------------------------|--|
| 4. FEI Number 20-5939445 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|--|--|--|--|
| 6. Name and Address of Current Registered Agent DESPINOSSE, BERNARD 701 AZALEA COURT PLANTATION, FL 33317 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|--|--|--|--|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | EVPC DESPINOSSE, ELIZABETH 701 AZALEA COURT PLANTATION, F; 33317 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MD ALEXANDRE, SERGE L MD 1883 CONGRESS AVENUE DELRAY BEACH, FL 33445 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | BAEM RODRIQUEZ, CLIFTON H 3146 NW 68 STREET FORT LAUDERDALE, FL 333091206 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PCEO DESPINOSSE, BERNARD 701 AZALEA COURT PLANTATION, FL 33317 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bernard Despinosse* **Bernard Despinosse** 01-18-2008 (954) 587-9448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #