

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000133806

FILED
Jul 27, 2007
Secretary of State

Entity Name: COMPREHENSIVE CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

570 AVENUE J SE
WINTER HAVEN, FL 33882 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1555
WINTER HAVEN, FL 33882

New Mailing Address:

FEI Number: 20-5767757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAMISON, PATRICIA L
570 AVENUE J SE
WINTER HAVEN, FL 33880 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

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: JAMISON, PATRICIA L
Address: 570 AVENUE J SE
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: VP () Delete
Name: CHARLEMONT, WILSON
Address: 570 AVENUE J SE
City-St-Zip: WINTER HAVEN, FL 33880 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
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: WILSON CHARLEMONT

VP

07/27/2007

Electronic Signature of Signing Officer or Director

Date