

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000147707

FILED
Feb 02, 2007
Secretary of State

Entity Name: ACTIVE REHAB & CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

1310 WEST COLONIAL DRIVE
SUITE 21
ORLANDO, FL 32804

New Principal Place of Business:

1003 S. KIRKMAN RD
SUITE 203
ORLANDO, FL 32811

Current Mailing Address:

1310 WEST COLONIAL DRIVE
SUITE 21
ORLANDO, FL 32804

New Mailing Address:

1003 S. KIRKMAN RD
SUITE 203
ORLANDO, FL 32811

FEI Number: 38-3747266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONTAS, HENSON
14138 BUDWORTH CIRCLE
ORLANDO, FL 32832 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: P&D () Delete
Name: MONTAS, HENSON
Address: 14138 BUDWORTH CIRCLE
City-St-Zip: ORLANDO, FL 32832

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MONTAS, HENSON
Address: 14138 BUDWORTH CIRCLE
City-St-Zip: ORLANDO, FL 32832

Title: VP () Change (X) Addition
Name: SCHOCH, RICHARD N
Address: 77 SE SUPERIOR WAY
City-St-Zip: STUART, FL 34997

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: HENSON MONTAS

PD

02/02/2007

Electronic Signature of Signing Officer or Director

Date