

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000012879

Entity Name: M.D.C. CHIROPRACTIC INC.

FILED
Mar 18, 2008
Secretary of State

Current Principal Place of Business:

4960 N. DIXIE. HWY
101
FORT LAUDERDALE, FL 33334

Current Mailing Address:

993 NW 82 AVE
CORAL SPRINGS, FL 33071

New Principal Place of Business:

23123 STATE RD . 7
106
BOCA RATON, FL 33428

New Mailing Address:

23123 STATE RD . 7
106
BOCA RATON, FL 33428

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARAUJO, CLAUDIA
993 NW 82 AVE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

PETER, REITER
6005 STIRLING ROAD
111
DAVIE, FL 33314 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: PETER REITER

03/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARAUJO, CLAUDIA
Address: 993 NW 82 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REITER, PETER
Address: 6005 STIRLING ROAD # 111
City-St-Zip: DAVIE, FL 33314

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: PETER REITER

P

03/18/2008

Electronic Signature of Signing Officer or Director

Date