

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000096686

FILED  
Mar 03, 2008  
Secretary of State

Entity Name: PYRAMID CHIROPRACTIC & REHAB CENTER, INC.

## Current Principal Place of Business:

1247 N PINE HILLS RD  
ORLANDO, FL 32808

## New Principal Place of Business:

## Current Mailing Address:

1247 N PINE HILLS RD  
ORLANDO, FL 32808

## New Mailing Address:

FEI Number: 26-0789331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PURCELL, WILLIAM  
22 COQUINA LAKE WAY  
ORMOND BEACH, FL 32174 US

## Name and Address of New Registered Agent:

SEVERE, MARIE  
1770 MERCY DR APT 2  
ORLANDO, FL 32808 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: SONIA PIERRE

03/03/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PURCELL, WILLIAM  
Address: 22 COQUINA LAKE WAY  
City-St-Zip: ORMOND BEACH, FL 32174

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SEVERE, MARIE  
Address: 1770 MERCY DR APT 2  
City-St-Zip: ORLANDO, FL 32808

Title: T ( ) Change (X) Addition  
Name: PIERRE, SONIA  
Address: 1770 MERCY DR APT 2  
City-St-Zip: ORLANDO, FL 32808 US

Title: VP ( ) Change (X) Addition  
Name: PIERRE, SONY  
Address: 1770 MERCY DR APT 2  
City-St-Zip: ORLANDO, FL 32808 US

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: MARIE SEVERE

P

03/03/2008

Electronic Signature of Signing Officer or Director

Date