

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000096686

FILED
Mar 19, 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:

JEAN PIERRE, VLADIMIR
7451 BEACON HILL LOOP #4
ORLANDO, FL 32818 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 () Delete
Name: JEAN PIERRE, VLADIMIR
Address: 7451 BEACON HILL LOOP #4
City-St-Zip: ORLANDO, FL 32818

Title: T (X) Delete
Name: PIERRE, SONY
Address: 1770 MERCY DR APT 2
City-St-Zip: ORLANDO, FL 32808 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: VLADIMIR JEANPIERRE

P

03/19/2008

Electronic Signature of Signing Officer or Director

Date