2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000008964

1. Entity Name

HERNDON CHIROPRACTIC CLINICS, P.A.



FILED Feb 05, 2007 08:00 AM Secretary of State

Principal Place of Business

7575 DR PHILLIPS BLVD

SUITE 110 ORLANDO, FL 32819 Mailing Address

7575 DR PHILLIPS BLVD SUITE 110

ORLANDO, FL 32819



02012007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3150157

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

HERNDON, JR J 7575 DR PHILLIPS BLVD SUITE 110 ORLANDO, FL 32819

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8. 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE	Signalura, typed or printed halve of registrated agent and hile in	nuplicable (NCTE Registered	Aşeni sıçıralura	(godelann onder cencer	DATE						
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution	cing	\$5.00 May Be Added to Fees							
10.	OFFICERS AND DIREC	TORS									
TITLE NAME STREET *DUHESS CITY-ST-ZIF	PD HERNDON, JR J 7575 DR PHILLIPS BLVD SUITE 110 ORLANDO, FL				U00000620462 02/09/07-80037-019 150:00						
TITLE NAME STREET ADDRESS CITY-ST-ZIF											
TITLE NAME STREET ADDRESS CITY-ST-ZIF				DO N	NOT WRITE						
TITLE Name Street Address City-St-Zip				in T	HIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP											
TITLE Name Street Aduness City-St-Zip											

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as it made under eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE.

th 40 Marion LIVE

James C. Herndon, Jr., D.C.

C. 2/1/2007 407-345-0508

Daytima Phone 3

Date