

**FILED**  
**May 24, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90017 035 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P93000049668</b>		
1. Entity Name REGIONAL CHIROPRACTIC GROUP, P.A.		
Principal Place of Business 1021 W. COLONIAL DR ORLANDO, FL 32804		Mailing Address 1021 W. COLONIAL DR ORLANDO, FL 32804
<b>DO NOT WRITE IN THIS SPACE</b>		
		01192007 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3191602		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  ELLEN WOLFSON 1266 VIA SALERNO WINTER PARK, FL 32789		<b>DO NOT WRITE IN THIS SPACE</b>
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  Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when renewing) DATE		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOLFSON, WAYNE C 1266 VIA SELERNO WINTER PARK, FL 32789	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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<b>DO NOT WRITE IN THIS SPACE</b>		
12. I hereby 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR		Date 5/18/07 Daytime Phone # 907 629-0344

Ellen Wolfson V.P