


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 A
Secretary of State

DOCUMENT # P93000072347 1. Entity Name KORUM CHIROPRACTIC CENTER, P.A.			
Principal Place of Business 9835-14 LAKE WORTH RD LAKE WORTH, FL 33414 US		Mailing Address 9835-14 LAKE WORTH RD LAKE WORTH, FL 33414 US	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent KORUM, GREGG S DC 9835-14 LAKE WORTH RD LAKE WORTH, FL 33467		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div style="text-align: center;">U00000777043 01/09/08-80048-017 150.00</div> DO NOT WRITE IN THIS SPACE	
PRES KORUM, GREGG D 9835-14 LAKE WORTH RD LAKE WORTH, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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: <u>Gregg S. Korum</u> 1/7/08 (561) 642-8400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone			