# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 31, 2007**
**Secretary of State**

DOCUMENT# P93000086397

**Entity Name:** DELRAY CHIROPRACTIC CENTER, INC.

**Current Principal Place of Business:**

1642 S FEDERAL HWY
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

**Current Mailing Address:**

1642 S FEDERAL HWY
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

**FEI Number: 65-0455917** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LITWAK, KEITH DR.
1642 S FEDERAL HWY
DELRAY BEACH, FL 33483 US

**Name and Address of New Registered Agent:**

JASPER, NICOLE DR.
1642 S FEDERAL HWY
DELRAY BEACH, FL 33483 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: NICOLE JASPER DC 08/31/2007
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: LITWAK, KEITH DR.
Address: 2941 NW 28TH TERRECE
City-St-Zip: BOCA RATON, FL 33434

Title: VP ( ) Delete
Name: FLADELL, ANDRE
Address: 1642 S FEDERAL HWY
City-St-Zip: DELRAY BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: JASPER, NICOLE DR.
Address: 655 SOUTH RD
City-St-Zip: BOYNTON BEACH, FL 33435

Title: VP (X) Change ( ) Addition
Name: JASPER, SHARON
Address: 1642 S FEDERAL HWY
City-St-Zip: DELRAY BEACH, FL 33483

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: SHARON JASPER VP 08/31/2007
Electronic Signature of Signing Officer or Director Date