

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000053691

FILED
Jul 18, 2007
Secretary of State

Entity Name: OLDE NAPLES CHIROPRACTIC HEALTH CENTER, INC.

Current Principal Place of Business:

689 TAMiami TRAIL NORTH
STE. D
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

689 TAMiami TRAIL NORTH
SUITE D
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 65-0503821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBS, MICHAEL
689 TAMiami TRAIL NORTH
STE. D
NAPLES, FL 34102 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

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: DR () Delete
Name: DEBS, MICHAEL E
Address: 2080 SNOOK DRIVE
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MICHAEL E DEBS

DR

07/18/2007

Electronic Signature of Signing Officer or Director

Date