


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000035984</b> 1. Entity Name FOGARTY CHIROPRACTIC LIFE CLINIC, P.A.	
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Principal Place of Business 839 BARTON BLVD ROCKLEDGE, FL 32812 US	Mailing Address 839 BARTON BLVD ROCKLEDGE, FL 32812 US
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**DO NOT WRITE IN THIS SPACE**

02122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3318845	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

FOGARTY, KEVIN G  
839 BARTON BLVD.  
ROCKLEDGE, FL 32812

**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 \_\_\_\_\_

<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"/> <b>\$5.00 May Be Added to Fees</b>	U000000645200 03/02/07-80074-010 158.75
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOGARTY, KEVIN G 839 BARTON BLVD ROCKLEDGE, FL 32955
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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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #