2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008
Secretary of State

DOCUMENT# P96000046316

Entity Name: REGIONAL CHIROPRACTIC NETWORK, INC.

Current Principal Place of Business:

1021 W COLONIAL DR
ORLANDO, FL 32804

New Principal Place of Business:

235 S. MAITLAND AVE
206
MAITLAND, FL 32794

Current Mailing Address:

1021 W COLONIAL DR
ORLANDO, FL 32804

New Mailing Address:

235 S. MAITLAND AVE
206
MAITLAND, FL 32794

FEI Number: 59-3379446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A.G.C. CO.
200 S ORANGE AVE SUITE 2300
ORLANDO, FL 32802 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WOLFSON, WAYNE C
Address: 1021 W COLONIAL DR
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WOLFSON, WAYNE C
Address: 205 EAST COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32801

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: WAYNE C. WOLFSON D 02/06/2008

Electronic Signature of Signing Officer or Director Date