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2007 UNIFORM	BUSINESS	REPORT	(UBR)

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DOCUMENT # P96000051015				FILED				
PLANTATION CHIROPRACTIC CENTER, INC.				2007 MAY - 1 AM IO: 1.8				
Principal Place of Business Mailing Address				1 / / / / / / / / / / / / / / / / / / /				
742	7420 NW 5th str. 7420 N.W. 5th sta		5/12	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Suite 107 Plantation, Fla 33317 Suite 107 Plantation, Fla 33317 33317			R					
Plantation, Place 3331) 2. Principal Place of Business 3. Mailing Address			<u> </u>					
7420 NW 576 Str. Louter 7420 NW 5th st				† 1 55 01001 (1 5 1 5 11 6 0 1111 0 0 1111	Biri Bilit Briet eirei	. Al ain Gare i (i	LOL D OLLO ER Z	
Stille, Api.	10.4, etc. Sune, Apt. ff, etc. 10.7 SU1725 10-7			DO NOT WRITE IN THIS SPACE				
Pla	Plantation, FlA. Plantation, Ma		1. Fla	4	. FEI Number 65-0680	095		pplied For of Applicable
Zip 333.	Country U.S. A.	33317	Country U-5 A		. Certificate of Status Desire		8.75 Add	
	6. Name and Address of Current F	Registered Agent	Name	7.	. Name and Address of New	v Registered Ag	ent	
PENJEVIC, RADOMIR 1417 S UNIVERSITY DR PLANTATION FL 33324		Street, Ado	Street Address (P.O. Box Number is Not Acceptable)					
			City			FL	Zip Code	9
8. The above	named notify submits this statement for	the purpose of changing its	registered office or re	egistered :	rgent, or both, in the State of	Florida.	,	
	All little	Dane				DC-10	-07	}
SIGNATUR	your typed or printed harms of registered appearsh	ici title ji applijable (NOT	Registered Agent signature	turiment when	n remstal ing)	DATE	<u> </u>	
9. This corporation is eligible to satisfy its Inlangible Tax filing requirement and elects to do so. (See criteria on back) See Criteria on back			0.00	10. Election Campaign Trust Fund Contribu	· -		O May Be to Fees	
11. OFFICERS AND DIRECTORS 12.			 _	ADDITIONS/CHANGES TO C	FICERS AND E	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS	D PENJEVIC, RADOMIR 4971 SW 94TH AVE	☐ Octobe	HILL NAME STREEF ADDRESS			(Change	Addition
TITLE	COOPER CITY FL 33328	☐ Delcte	CITA-21-51b		· · · · · · · · · · · · · · · · · · ·		7 Chance	Addition
NAME		☐ Oeicie	NAME		<u>⊊∩∩1∩⊃1</u>	_	Change 	Addition
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NAME ·		CJ Oddie	NAME			·	_) overfic	C Addition
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Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 logal 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 11 or Block 12 if changed, or other attachment with an Address, with all other like empowers.

SIGNATURE