

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000006289

FILED
Jan 22, 2008
Secretary of State

Entity Name: MAURICIO CHIROPRACTIC CLINICS, P.A.

Current Principal Place of Business:

1810 SEMORAN BLVD
WINTER PARK, FL 32792

New Principal Place of Business:

1810 SEMORAN BLVD
SUITE 104
WINTER PARK, FL 32792

Current Mailing Address:

1810 SEMORAN BLVD
WINTER PARK, FL 32792

New Mailing Address:

625 S. RONALD REAGAN BLVD
LONGWOOD, FL 32750

FEI Number: 59-3421552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAURICIO, JOSE J
1810 SEMORAN BLVD
WINTER PARK, FL 32792 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: MAURICIO, JOSE J
Address: 4747 SOUTH CONWAY RD, STE A
City-St-Zip: ORLANDO, FL 32812

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: JOSE J. MAURICIO

D

01/22/2008

Electronic Signature of Signing Officer or Director

Date