2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# P97000052167

Entity Name: MID POINT CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

3013 DEL PRADO BLVD
CAPE CORAL, FL 33904

New Principal Place of Business:

3013 DEL PRADO BLVD
UNIT 8
CAPE CORAL, FL 33904

Current Mailing Address:

3013 DEL PRADO BLVD
CAPE CORAL, FL 33904

New Mailing Address:

3013 DEL PRADO BLVD
UNIT 8
CAPE CORAL, FL 33904

FEI Number: 65-0760882 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASDIA, FRANK JR
3013 DEL PRADO BLVD
CAPE CORAL, FL 33904 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: DR. ( ) Delete
Name: CASDIA, FRANK JR
Address: 3013 DEL PRADO BLVD
City-St-Zip: CAPE CORAL, FL 33904

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 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: FRANK P. CASDIA JR. D.C. DR. 01/08/2007

Electronic Signature of Signing Officer or Director Date