2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000036898

16017 DELAROSA LN

NAPLES, FL 34110

Address: City-St-Zip:

Entity Name: FRENCH CHIROPRACTIC CENTER, P.A.

FILED Jan 22, 2007 Secretary of State

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Current P	rincipal Plac	e of Business:	New Principal Place of Business:		
	OWN LAKE B PRINGS, FL				
Current Mailing Address:			New Mailing Address:		
16017 DEI NAPLES, I	LAROSA LN FL 34110				
FEI Number	: 59-3507211	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
27657 OLI	RADLEY R O 41 PRINGS, FL	34135 US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PTD (FRENCH, KEN 16017 DELAR NAPLES, FL 3	OSA LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PT (FRENCH, KEN 16017 DELAR NAPLES, FL 3	OSA LN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VS (FRENCH, TAM) Delete MY J DC	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: KENNETH G. FRENCH PTD 01/22/2007