## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P98000048091



**FILED** 

Apr 09, 2007 8:00 am Secretary of State

CHIROPRACTIC HEALING ARTS CENTER, INC.						)	04-09-2007 \$	90049 045	***150	.00
Principal Place of Business M			Mailing Address	Mailing Address						
3940 METRO FT. Myers, F		TE 103		3940 METRO PKWY., SUITE 103 FT. MYERS, FL 33916		1 KERATIRE: (18 1	Ital (ali) aan <b>10</b> 10 <b>01</b> 1	n oem omni foin	COMO INTO INT	1 <b>71</b> 1 (1 <b>114</b> )
2. Principal Place of Business - No P.O. Box # 3.			3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.		04052007	Chg-P	CR2E03	4 (12/06)	
City & State			City & State			4. FEI Number 65-0840088			1 1	plied For t Applicable
Zip	Country		Zip	Country			Status Desired		8.75 Add ee Required	
	6. Name	and Address of Curren	t Registered Agent		Name	7. Name and A	ddress of New R	tegistered Aq	gent	
NEDD, STEPHEN A 3940 METRO PKWY., SUITE 103 FT. MYERS, FL 33916					Street Address (P.O. Box Number is Not Acceptable)					
			City FL Zip Code							
	named entity tions of regist		for the purpose of changing its	s registere	ed office or registe	ered agent, or both	, in the State of Flo	orida. I am fa	miliar with,	and accept
SIGNATURE	Signature, typed	or printed name of registered ager	m and tate if applicable, (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE		<del></del>
Fil. After M	E NOW!!! ay 1, 2007	FEE IS \$150,00 7 Fee will be \$550	9. Election Campa Trust Fund Con			5.00 May Be Ided to Fees				
10.	1	OFFICERS AN		11.		ADDITIONS/C	HANGES TO OFF	ICERS AND (	DIRECTORS	3 IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 truepee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STEPHEN A. NEDD

APRIL 5, 2007

(239)275-7865 Daytrne Phone #