

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2007 08:00**  
**Secretary of State**

DOCUMENT # P98000082098

1. Entity Name  
AAA CHIROPRACTIC, INC.



Principal Place of Business  
5431 FOLEY SQUARE  
NEW PORT RICHEY, FL 34652

Mailing Address  
5431 FOLEY SQUARE  
NEW PORT RICHEY, FL 34652



01162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3562338	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

DE GRACE, JAMES W DR.  
5431 FOLEY SQUARE  
NEW PORT RICHEY, FL 34652

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00** May Be  
Added to Fees

000000764820  
05/31/07-80013-002 155.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE GRACE, JAMES W 5431 FOLEY SQUARE NEW PORT RICHEY, FL 34652
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IN THIS SPACE**

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 trustee 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #