

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000102283

FILED
Apr 26, 2007
Secretary of State

Entity Name: PALM COAST CHIROPRACTIC, P.A.

Current Principal Place of Business:

3 FLORIDA PARK DR.
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

3 FLORIDA PARK DR.
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 59-3544809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRUBLE, MICHAEL D
3 FLORIDA PARK, DR.
PALM COAST, FL 32137 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: STRUBLE, MICHAEL D
Address: 3 FLORIDA PARK DR.
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: STRUBLE, BETTY R
Address: 3 FLORIDA PARK DRIVE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL D. STRUBLE

DR

04/26/2007

Electronic Signature of Signing Officer or Director

Date