2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 08:00 AM
Secretary of State

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1. Entity Name

CHIROPRACTIC PHYSICIANS REHABILITATION NETWORK INC.

Principal Place of Business	Mailing Address
2711 MICHIGAN AVE KISSIMMEE FL 34744	CPRN P.O. BOX 452272 KISSIMMEE FL 34744

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3559465 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RODRIGUEZ, PHRANKIE 12900 LOS ALAMITUS CT ORLANDO FL 32837	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, PHRANKIE 12900 LOS ALAMITOS CT ORLANDO FL 32837 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U00000870815 04/09/08-80107-008 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 3-24-08 407 531-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #