


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90075 030 ***150.00

DOCUMENT # P99000028538 1. Entity Name CHIROPRACTIC AND REHABILITATION ASSOCIATES, INC.					
Principal Place of Business 3800 26TH STREET WEST BRADENTON, FL 34205			Mailing Address 3800 26TH STREET WEST BRADENTON, FL 34205		
2. Principal Place of Business - No P.O. Box # 4011 26th St. West		3. Mailing Address 4011 26th St. West			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Bradenton, Florida		City & State Bradenton, Florida		4. FEI Number 65-0942780	
Zip 34205		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRUCE, LINDA A 3800 26TH STREET WEST BRADENTON, FL 34205		7. Name and Address of New Registered Agent 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 <u><i>Linda A. Bruce</i></u> DATE 4-11-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPT BRUCE, LINDA A <input type="checkbox"/> Delete 3800 26TH ST W BRADENTON, FL 34205		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Bruce, Linda A. 4011 26th Street West Bradenton, FL. 34205	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS WATSON, CARLENE <input type="checkbox"/> Delete 3800 26TH ST. W BRADENTON, FL 34205		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Watson, Carlene 4011 26th Street West Bradenton, FL. 34205	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Linda A. Bruce</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-11-07 753-3949 <small>Daytime Phone #</small>		