

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000082163

Entity Name: BAY CITY CHIROPRACTIC, INC.

FILED
Jul 11, 2007
Secretary of State

Current Principal Place of Business:

4624 N. ARMENIA AVE.
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

4624 N. ARMENIA AVE.
TAMPA, FL 33603

New Mailing Address:

FEI Number: 59-3598479

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRY, SCOTT E
4343 W. HENDERSON BLVD.
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

BARRY, SCOTT E
4624 N. ARMENIA AVE
TAMPA, FL 33603 US

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

07/11/2007

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BARRY, SCOTT E
Address: 4624 N. ARMENIA AVE.
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DR. SCOTT E. BARRY

PRES

07/11/2007

Electronic Signature of Signing Officer or Director

Date