## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 26, 2007 8:00 am Secretary of State

DOCUMENT # P9900085149  1. Entity Name AFFORDABLE CHIROPRACTIC CARE CENTER, INC.						02-26-2007 9	90049 01	4 ***150	).00	
Principal Place	Mailing Address	Address			3/1/3					
Principal Place of Business		330 NW 76TH DR.			40023413					
330 NW 76TH DR. GAINESVILLE, FL 32607		GAINESVILLE, FL 32607								
CHINESVICEE, FC 32007		GNINESVILLE, TE 32007				IDIID ADIIL DDAII BDIIL DDIA	i 88181 18181 8118	     (0)    1		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Api # etc		Suite, Apt #, etc			01152007	Chg-P	CR2E03	4 (12/06)		
City & State		City & State		4. FEI Numbe 59-3598				plied For t Applicable		
Z <sub>(</sub> p	Country	Zip	Coun	try	5. Certificate of	of Status Desired		8.75.Add		
6. Name and Address of Current		Registered Agent	nd Agent		7. Name and	Address of New R	egistered Ag	ent		
, , , , , , , , , , , , , , , , , ,					Name					
HOEHN, JOHN TIMOTHY				Street Address (P.O. Box Number is Not Acceptable)						
330 NW 76 GAINESVII	STH DR. LLE, FL 32606	Street Address	(P.O. BOX NUMBE	ris Not Acceptable	''					
Ti				City			FL	Zip Code	9	
9. The above	named gatty cultivity this statement to	v the purpose of changing its	rogintar	od office or registe	red agent, or both	in the State of Ele		milias with	and accord	
<ol> <li>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</li> </ol>										
SICANA TURE: Signature, severy or printed Haine of rougistered appropriated with a applicable (NOTE Registered Agent signature required when reinstating)  DATE										
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution					i.00 May Be ded to Fees					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND I	DIRECTOR	S IN 11	
TITLE	PD	☐ Delete	181					Change	Addition	
NAME	HOEHN, JOHN TIMOTHY		NAM							
STREET ADDRESS	330 NW 76TH DR			ET ADDRESS						
J.1V \$1 /IP	GAINESVILLE, FL 32606		Lilly	S1 71P						
ng t	V	Delete	THIL					Change	☐ Addition	
MAMI To the sections	HOEHN, KIMBERLY L		NAM		•					
CHY ST ZIP	330 NW 76TH DR GAINESVILLE, FL 32606			EET ADORESS ST-ZIP						
		<u>رم</u>	-							
NAME	ST HOEHN, WILLIAM	Delete	IIIL NAN	1				☐ Change	☐ Addition	
STREET ADDRESS	330 NW 76 DR		- 1	LET ADDRESS						
CHY ST ZIP	GAINESVILLE, FL 32606			'-SI-ZIP						
itt		☐ Delete	1111	E				Change	Addition	
NAME		Livingia.	NAN	1						
S on Alberta			SIA	EE1 ADDRESS						
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CITY ST /IP			CITY	r-ST-ZIP						
1.41		☐ Delete	Int	ı				☐ Change	Addition	
1 1,4811 1			NAN							
, ore r no   emer. #DBsree				EET ADDRESS						
0.4.5 24				/ SI-ZIP						
12. Thereby 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 supplymental report is trudiand 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's Circustee empoweed or 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-07

Daylime Phone #