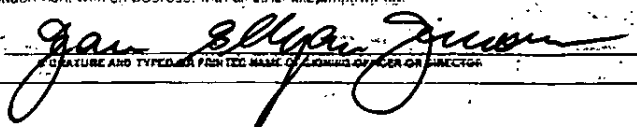


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Jul 09, 2008 08:00 AM
Secretary of State

DOCUMENT # S41837		
1. Entity Name LAFAYETTE CHIROPRACTIC CLINIC, P.A.		
Principal Place of Business 1844 FIDDLER CT., STE B TALLAHASSEE, FL 32308 US		Mailing Address 1844 FIDDLER CT., STE B TALLAHASSEE, FL 32308 US
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent BAJOCZKY, ANTHONY L. 125 N. FRANKLIN TALLAHASSEE, FL 32301		 01152006 No Chg. P CR2E034 (11/05) 4. FET Number 59-3089448 5. Certificate of Status Gained ☐ \$8.75 Additional Fee Required Applied For Not Applicable
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 state if applicable (NOTE: Registered Agent signature required when relinquishing)		DO NOT WRITE IN THIS SPACE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENSEN, JAN 1844 FIDDLER COURT, SUITE B TALLAHASSEE, FL 32308	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  7/3/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

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07/09/08-80001-002 550 00**DO NOT WRITE
IN THIS SPACE**