2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# V28240

Entity Name: CHIROMED CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

205 WEST BUSCH BOULEVARD
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

P O BOX 794
JONESBORO, GA 30237

New Mailing Address:

FEI Number: 59-3127384 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROWN, SUZIE
3807 LANDINGS WAY DRIVE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

WILLIAMS, SUZIE
9266 TREASURE LANE N.E.
ST PETERSBURG, FL 33702 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: SUZIE WILLIAMS 04/29/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PT&D ( ) Delete
Name: BROWN, HARRY W.,
Address: 750 MORROW INDUSTRIAL BLVD.
City-St-Zip: JONESBORO, GA 30236

Title: S&VP ( ) Delete
Name: BROWN, NANCY,
Address: 750 MORROW INDUSTRIAL BLVD.
City-St-Zip: JONESBORO, GA 30236

Title: AVP ( ) Delete
Name: MANGELSDORF, KENNETH,
Address: 750 MORROW INDUSTRIAL BLVD.
City-St-Zip: JONESBORO, GA 30236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: HARRY W BROWN SR DR 04/29/2008
Electronic Signature of Signing Officer or Director Date