

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V46604

FILED
Jan 18, 2007
Secretary of State

Entity Name: CHIROPRACTIC HEALTH CENTER OF KEY WEST, P.A.

Current Principal Place of Business:

2325 SIEDENBURG
KEY WEST, FL 33040 US

New Principal Place of Business:

3154 NORTHSIDE DRIVE
102
KEY WEST, FL 33040 US

Current Mailing Address:

2325 SIEDENBURG
KEY WEST, FL 33040 US

New Mailing Address:

3154 NORTHSIDE DRIVE
102
KEY WEST, FL 33040 US

FEI Number: 65-0342587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYERS, JONATHAN
2325 SIEDENBURG
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

MEYERS, JONATHAN R DR.
2325 SEIDENBERG AVENUE
KEY WEST, FL 33040 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: DR. JONATHAN R. MEYERS

01/18/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: MEYERS, JONATHAN R
Address: 2325 SIEDENBURG
City-St-Zip: KEY WEST, FL 33040 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: MEYERS, JONATHAN R
Address: 2325 SEIDENBERG AVE
City-St-Zip: KEY WEST, FL 33040 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JONATHAN R MEYERS

DR.

01/18/2007

Electronic Signature of Signing Officer or Director

Date