

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013856

FILED
Jan 11, 2007
Secretary of State

Entity Name: OCALA CHIROPRACTIC CENTER, PA

Current Principal Place of Business:

27 SE 11TH AVE.
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

27 SE 11TH AVE.
OCALA, FL 34471

New Mailing Address:

FEI Number: 02-0673800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KREINBROOK, DAVID N
27 SE 11TH AVE.
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KREINBROOK, DAVID N
Address: 27 SE 11TH AVE.
City-St-Zip: OCALA, FL 34471

Title: ST () Delete
Name: KREINBROOK, LISA
Address: 27 SE 11TH AVE.
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: KREINBROOK, DAVID N
Address: 27 SE 11TH AVE.
City-St-Zip: OCALA, FL 34471

Title: MRS (X) Change () Addition
Name: KREINBROOK, LISA
Address: 27 SE 11TH AVE.
City-St-Zip: OCALA, FL 34471

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: LISA M. KREINBROOK

MRS.

01/11/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date