

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G04921

**FILED**  
**Jun 18, 2010**  
**Secretary of State**

**Entity Name:** GRAPPIN CLINIC OF CHIROPRACTIC, P.A.

**Current Principal Place of Business:**

12511 S. TAMIAMI TRAIL  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

12511 S. TAMIAMI TRAIL  
NORTH PORT, FL 34287

**New Mailing Address:**

**FEI Number:** 59-2427514

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAPPIN, LINDA S., D.C.  
12511 S. TAMIAMI TR.  
NORTH PORT, FL 34287 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

**OFFICERS AND DIRECTORS:**

**Title:** VD  
**Name:** GRAPPIN, CARL W  
**Address:** 12511 SO TAMIAMI TRAIL  
**City-St-Zip:** NORTH PORT, FL

**Title:** PD  
**Name:** GRAPPIN, LINDA S  
**Address:** 12511 SO TAMIAMI TRAIL  
**City-St-Zip:** NORTH PORT, FL

I hereby 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 all other like empowered.

**SIGNATURE:** LINDA S. GRAPPIN

PD

06/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date