2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046783

ORMOND BEACH, FL 32174 US

City-St-Zip:

Entity Name: MARANDINO SCHARGEN CHIROPRACTIC, P.A.

FILED Apr 08, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	.WORTH AVEN	UE				
SUITE A ORMOND	BEACH, FL 32	174 U	S			
Current Mailing Address:				New Mailing Address	New Mailing Address:	
301 KENIL SUITE A	.WORTH AVEN	UE				
	BEACH, FL 32	174 U	3			
FEI Number	: 35-2202019	FEI Numb	er Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address o	Name and Address of New Registered Agent:	
301 KENIL SUITE A	NO, MARCIE M WORTH AVEN BEACH, FL 32	UE				
	named entity s e of Florida.	ubmits thi	s statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:					
	Electroni	c Signatui	e of Registered Ag	ent	Date	
Election Car	mpaign Financing	Trust Fund	Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DR. () MARANDINO, MA 5 WILD CREEK ORMOND BEAC	WAY	4	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	DR. () SCHARGEN, SC 5 WILD CREEK			Title: Name: Address:	() Change () Addition	

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: MARCIE MARANDINO DR. 04/08/2008