

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000070677

**FILED**  
**Mar 31, 2009**  
**Secretary of State**

**Entity Name:** CHIROPRACTIC OVERSIGHT, INC.

## Current Principal Place of Business:

5440 MARINER STREET  
SUITE 112  
TAMPA, FL 33609 US

## New Principal Place of Business:

4631 WOODLAND CORPORATE BLVD, SUITE 310  
TAMPA, FL 33614 US

## Current Mailing Address:

5440 MARINER STREET  
SUITE 112  
TAMPA, FL 33609 US

## New Mailing Address:

4631 WOODLAND CORPORATE BLVD, SUITE 310  
TAMPA, FL 33614 US

**FEI Number:** 20-1067866

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

## Name and Address of Current Registered Agent:

HANSELMAN, JOHN CFO  
5440 MARINER STREET  
SUITE 112  
TAMPA, FL 33609 US

## Name and Address of New Registered Agent:

HANSELMAN, JOHN CFO  
4631 WOODLAND CORPORATE BLVD, SUITE 310  
TAMPA, FL 33614 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:

03/31/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: ARAUJO, RONALD J.L. CEO  
Address: 5440 MARINER STREET, SUITE 112  
City-St-Zip: TAMPA, FL 33609 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: ARAUJO, RONALD J.L. CEO  
Address: 4631 WOODLAND CORPORATE BLVD, SUITE 310  
City-St-Zip: TAMPA, FL 33614 US

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: NICOLE MIDILI

CTR

03/31/2009

Electronic Signature of Signing Officer or Director

Date