

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000080782

Entity Name: TIOGA CHIROPRACTIC, INC.

FILED
Apr 12, 2008
Secretary of State

Current Principal Place of Business:

1346 NW 120TH WAY
GAINESVILLE, FL 32606

New Principal Place of Business:

14029 W NEWBERRY RD
50
NEWBERRY, FL 32669

Current Mailing Address:

1346 NW 120TH WAY
GAINESVILLE, FL 32606

New Mailing Address:

14029 W NEWBERRY RD
50
NEWBERRY, FL 32669

FEI Number: 26-0546644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWE, ANTHONY
1346 NW 120TH WAY
GAINESVILLE, FL 32606 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: P () Delete
Name: HOWE, ANTHONY
Address: 1346 NW 120TH WAY
City-St-Zip: GAINESVILLE, FL 32606

Title: VP () Delete
Name: HOWE, JULIA
Address: 1346 NW 120TH WAY
City-St-Zip: GAINESVILLE, FL 32606

Title: T () Delete
Name: HOWE, DAVID
Address: 7610 SE 170TH LONGVIEW LN
City-St-Zip: LADY LAKE, FL 32162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ANTHONY HOWE

P

04/12/2008

Electronic Signature of Signing Officer or Director

_____ Date