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: New Principal Place of Business: 1346 NW 120TH WAY GAINESVILLE, FL 32606 Current Mailing Address: 1346 NW 120TH WAY GAINESVILLE, FL 32606 Current Mailing Address: New Mailing Address: 14029 W NEWBERRY, FL 32669 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: Name and Address of New Registered Agent: Date Electronic Signature of Registered Agent Electronic Signature of Registered Agent Date Ele						
GAINESVILLE, FL 32606 Current Mailing Address: 1346 NW 120TH WAY GAINESVILLE, FL 32606 New Mailing Address: 1346 NW 120TH WAY GAINESVILLE, FL 32606 FEI Number: 26-0546644 FEI Number Applied For () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOWE, ANTHONY 1346 NW 120TH WAY GAINESVILLE, FL 32606 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: Electronic Signature of Registered Agent Date Date	Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
Current Mailing Address: New Mailing Address: 1346 NW 120TH WAY GAINESVILLE, FL 32606 FEI Number: 26-0546644 FEI Number Applied For () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name: Address: () Change () Addition Name: Address: () City-St-Zip: Title: () Change () Addition Name: Address: () City-St-Zip: Title: () Change () Addition Name: Address: () City-St-Zip: Title: () Change () Addition Name: Address: () City-St-Zip: Title: () Change () Addition Name: Address: () City-St-Zip: Title: () Change () Addition Name: Address: () City-St-Zip: Title: () Change () Addition Name: Address: () City-St-Zip: Title: () Change () Addition Name: Address: () City-St-Zip: Title: () Change () Addition Name: Address: () City-St-Zip: Title: () Change () Addition Name: Address: () City-St-Zip: Title: () Change () Addition Name: Address: () City-St-Zip: Title: () Change () Addition Name: Address: () City-St-Zip: Title: () Change () Addition Name: Address: () City-St-Zip: Title: () Change () Addition Name: Address: () City-St-Zip:						
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Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: P () Delete Title: () Change () Addition Name: Address: 1346 NW 120TH WAY Address: City-St-Zip: Title: VP () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: VP () Delete Title: () Change () Addition Name: Address: City-St-Zip: Title: Ti	The above	named entity s		ourpose of changing its regis	tered office or registered agent, or both,	
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	Name: Address:	HOWE, DAVID 7610 SE 170TH	LONGVIEW LN	Name: Address:	() Change () Addition	

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