

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000080782

Entity Name: TIOGA CHIROPRACTIC, INC.

FILED  
Jun 25, 2009  
Secretary of State

**Current Principal Place of Business:**

14029 W NEWBERRY RD  
50  
NEWBERRY, FL 32669

**New Principal Place of Business:**

**Current Mailing Address:**

14029 W NEWBERRY RD  
50  
NEWBERRY, FL 32669

**New Mailing Address:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

06/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date