

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000004642

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** LEHIGH CHIROPRACTIC ASSOCIATES, INC.

**Current Principal Place of Business:**

1303 HOMESTEAD RD NORTH  
SUITE 102  
LEHIGH ACRES, FL 33936 US

**New Principal Place of Business:**

**Current Mailing Address:**

1303 HOMESTEAD RD NORTH  
SUITE 102  
LEHIGH ACRES, FL 33936 US

**New Mailing Address:**

**FEI Number:** 27-0733344      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RODRIGUEZ, LAZ DAVID DC  
1303 HOMESTEAD RD NORTH  
SUITE 102  
LEHIGH ACRES, FL 33936 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  
Name: RODRIGUEZ, LAZ DAVID  
Address: 1303 HOMESTEAD RD NORTH, STE 102  
City-St-Zip: LEHIGH ACRES, FL 33936 US

I hereby 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 all other like empowered.

SIGNATURE: LAZ DAVID RODRIGUEZ

PD

02/16/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date