2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2010
Secretary of State

DOCUMENT# P09000103254

Entity Name: BONTRAGER CHIROPRACTIC CLINIC, P.A.

Current Principal Place of Business:

4439 JACKSON STREET
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

4439 JACKSON STREET
MARIANNA, FL 32446

New Mailing Address:

5004 BONTRAGER LANE
MARIANNA, FL 32448

FEI Number: 27-1573223 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONTRAGER, DANIEL E
4439 JACKSON STREET
MARIANNA, FL 32446 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: BONTRAGER, DANIEL E
Address: 5004 BONTRAGER LANE
City-St-Zip: MARIANNA, FL 32448

Title: S/T
Name: BONTRAGER, IMOGENE
Address: 5004 BONTRAGER LANE
City-St-Zip: MARIANNA, FL 32448

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: IMOGENE BONTRAGER T 02/22/2010

Electronic Signature of Signing Officer or Director Date