2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000094899

FILED Apr 13, 2009 Secretary of State

Entity Nar	me: ROSSIC	CHIROPRACTIC CENTERS, I	NC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	STATE RD.7 E, FL 33063			7442 ROYAL PALM BLVD MARGATE, FL 33063	
Current M	lailing Addre	ss:	New Mailing Addres	New Mailing Address:	
	STATE RD.7 E, FL 33063		7442 ROYAL PALM E MARGATE, FL 3306		
FEI Number:	: 65-0875343	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	RMAND M STATE RD.7 E, FL 33063	US		ROSSI, ARMAND M 7442 ROYAL PALM BLVD MARGATE, FL 33063 US	
	named entity of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: ARMAND M. ROSSI				04/13/2009	
Election Car		nic Signature of Registered Ages and Contribution ().	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (ROSSI, ARMA 1299 SW 4TH BOCA RATON	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD (ROSSI, ARMA 1299 SW 4TH BOCA RATON	ST	Title: Name: Address: City-St-Zin:	() 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: ARMAND M. ROSSI Ρ 04/13/2009