

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 587535

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** CHIROPRACTIC ASSOCIATES OF GAINESVILLE, RICHESONAND SUGGS, P.A.

**Current Principal Place of Business:**

3703 SW 13TH STREET  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

3703 SW 13TH STREET  
GAINESVILLE, FL 32608

**New Mailing Address:**

**FEI Number:** 59-1856700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RICHESON, F KEITH  
3603 SW 13TH STREET  
GAINESVILLE, FL 32608 US

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

RICHESON, F KEITH  
3703 SW 13TH STREET  
GAINESVILLE, FL 32608 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:** FKRICHESON

01/06/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** RICHESON, F. KEITH  
**Address:** 3703 SW 13TH ST  
**City-St-Zip:** GAINESVILLE, FL

**Title:** VST  
**Name:** SUGGS, LENDON  
**Address:** 3703 SW 13TH ST  
**City-St-Zip:** GAINESVILLE, FL

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:** FKRICHESON

P

01/06/2010

Electronic Signature of Signing Officer or Director

Date