

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602462

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: CARTER CHIROPRACTIC PHYSICIANS, P.A.

**Current Principal Place of Business:**

4211 PEARL ST.  
JACKSONVILLE, FL 322066411

**New Principal Place of Business:**

**Current Mailing Address:**

4211 PEARL ST.  
JACKSONVILLE, FL 322066411

**New Mailing Address:**

13453 NORTH MAIN STREET # 103  
JACKSONVILLE, FL 32218

FEI Number: 59-1307542

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AKEL, DANIEL D.  
ONE INDEPENDENT SQUARE  
SUITE 2301  
JACKSONVILLE, FL 32202 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: PD ( ) Delete  
Name: CARTER, GRADY L.,  
Address: 4211 PEARL ST.  
City-St-Zip: JACKSONVILLE, FL 322066411

Title: VTS ( ) Delete  
Name: CARTRETT, DIANE  
Address: 4211 PEARL ST.  
City-St-Zip: JACKSONVILLE, FL 322066411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VTS (X) Change ( ) Addition  
Name: CARTRETT, DIANE L  
Address: 4211 PEARL ST.  
City-St-Zip: JACKSONVILLE, FL 322066411

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: DIANE L. CARTRETT

VTS

01/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date