

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602462

FILED
Jan 12, 2010
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:

4211 PEARL ST.
JACKSONVILLE, FL 32206

Current Mailing Address:

13453 NORTH MAIN STREET # 103
JACKSONVILLE, FL 32218

New Mailing Address:

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
Name: CARTER, GRADY L.
Address: 4211 PEARL ST.
City-St-Zip: JACKSONVILLE, FL 322066411

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

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: GRADY L CARTER

PD

01/12/2010

Electronic Signature of Signing Officer or Director

Date