2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

DOCUMENT# 697251

Entity Name: SARASOTA CHIROPRACTIC CENTRE CHARTERED

Current Principal Place of Business:

3436 BEE RIDGE ROAD
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

3436 BEE RIDGE ROAD
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 59-2133627 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALTERS, KIMBERLY
3436 BEE RIDGE ROAD
SUITE 4
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

WALTERS, KIMBERLY
3436 BEE RIDGE ROAD
SARASOTA, FL 34239 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: KIMBERLY WALTERS 01/06/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DS
Name: WALTERS, KIMBERLY DR.
Address: 3436 BEE RIDGE RD
City-St-Zip: SARASOTA, FL

Title: T
Name: WALTERS, KIMBERLY DR.
Address: 3436 BEE RIDGE RD
City-St-Zip: SARASOTA, FL

Title: P
Name: WALTERS, KIMBERLY DR.
Address: 3436 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34239

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: KIMBERLY WALTERS DS 01/06/2010
Electronic Signature of Signing Officer or Director Date