

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F24738

FILED
Apr 06, 2009
Secretary of State

Entity Name: FORT LAUDERDALE CENTER FOR CHIROPRACTIC CARE INC.

Current Principal Place of Business:

1627 S. ANDREWS AVE.
FT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

1627 S. ANDREWS AVE.
FT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 59-2098450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORENBERG, STEWART G
1627 S. ANDREWS AVE.
FT LAUDERDALE FL, FL 33316 US

Name and Address of New Registered Agent:

GORENBERG, STEWART G
1627 S. ANDREWS AVE.
FT LAUDERDALE, FL 33316 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:

04/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GORENBERG, STEWART G,
Address: 1627 S ANDREWS AVE
City-St-Zip: FT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: GORENBERG, STEWART G,
Address: 1627 S ANDREWS AVE
City-St-Zip: FT LAUDERDALE, FL 33316

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: STEWART GORENBERG

DR

04/06/2009

Electronic Signature of Signing Officer or Director

Date