

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F42436

FILED
Apr 29, 2009
Secretary of State

Entity Name: ARCADIA CHIROPRACTIC CLINIC, INC.

Current Principal Place of Business:

936 NORTH MILLS AVENUE
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

12687 SW CR 769
STE. 3A
LAKE SUZY, FL 34269 US

New Mailing Address:

FEI Number: 59-2235861 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRSCHNER, DANIEL L
12687 SW CR 769
STE. 3A
LAKE SUZY, FL 34269 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: D () Delete
Name: KIRSCHNER, DANIEL L DR
Address: 521 WOODSTORK LN
City-St-Zip: PUNTA GORDA, FL 33982

Title: D () Delete
Name: KIRSCHNER, LOUIS H DR
Address: 936 N MILLS AVE
City-St-Zip: ARCADIA, FL 34266

Title: D () Delete
Name: KIRSCHNER-FINLEY, JAMIE K DR
Address: 521 WOODSTORK LANE
City-St-Zip: PUNTA GORDA, FL 33982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KIRSCHNER, DANIEL L DR
Address: 12687 SW CR 769 STE 3A
City-St-Zip: LAKE SUZY, FL 34269

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

Title: D (X) Change () Addition
Name: KIRSCHNER-FINLEY, JAMIE K DR
Address: 12687 SW CR 769 STE 3A
City-St-Zip: LAKE SUZY, FL 34269

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: DANIEL L. KIRSCHNER

DIR

04/29/2009

Electronic Signature of Signing Officer or Director

Date