

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G46072

FILED  
Apr 01, 2010  
Secretary of State

**Entity Name:** MAITLAND CHIROPRACTIC CLINIC, INC.

**Current Principal Place of Business:**

MAITLAND CHIROPRACTIC CLINIC, INC.  
500 SO MAITLAND AVENUE  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

MAITLAND CHIROPRACTIC CLINIC, INC.  
500 SO MAITLAND AVENUE  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 59-2315789

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUVAL, JANE L PRES  
500 SO MAITLAND AVENUE  
MAITLAND, FL 32751 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: P  
Name: DUVAL, JANE L.  
Address: 779 BEAR CREEK CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP  
Name: DUVAL, MICHAEL J  
Address: 741 CORDOVA DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: VP  
Name: DUVAL, CHRISTIANNE M  
Address: 779 BEAR CREEK CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

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: JANE L DUVAL

PRES

04/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date