

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H27772

FILED  
Jan 05, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1508 SW MAPP RD.  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

1508 SW MAPP RD.  
PALM CITY, FL 34990

**New Mailing Address:**

**FEI Number:** 59-2463546

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KLEINMAN, THOMAS  
1908 SW MOORING DR  
PALM CITY, FL 34990 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: PVS  
Name: KLEINMAN, THOMAS  
Address: 1908 SW MOORING DR  
City-St-Zip: PALM CITY, FL 34990

Title: TD  
Name: KLEINMAN, THOMAS  
Address: 1908 SW MOORING DR  
City-St-Zip: PALM CITY, FL 34990

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: THOMAS KLEINMAN

PRES

01/05/2010

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

\_\_\_\_\_ Date