

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J42537

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: CHIROCARE OF POMPANO BEACH, INC.

**Current Principal Place of Business:**

437 E. ATLANTIC BLVD.  
#2  
POMPANO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

437 E. ATLANTIC BLVD.  
#2  
POMPANO BEACH, FL 33060

**New Mailing Address:**

FEI Number: 59-2746108

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GOTTESMAN, DR. ROBERT  
437 E. ATLANTIC BLVD.  
#2  
POMPANO BEACH, FL 33060 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: DT ( ) Delete  
Name: GOTTESMAN, ROBERT  
Address: 437 E. ATLANTIC BLVD. #2  
City-St-Zip: POMPANO BEACH, FL 33060

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: ROBERT GOTTESMAN

DT

04/08/2009

Electronic Signature of Signing Officer or Director

Date