

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K72551

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** ANDERSON CHIROPRACTIC CLINIC, CORPORATION

**Current Principal Place of Business:**

6939 RIDGE ROAD  
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

6939 RIDGE ROAD  
PORT RICHEY, FL 34668

**New Mailing Address:**

**FEI Number:** 59-2937497

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, KATHLEEN A.  
6939 RIDGE ROAD  
PORT RICHEY, FL 34668 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:** PD  
**Name:** ANDERSON, KATHLEEN A.  
**Address:** 8940 SKYMASTER DR.  
**City-St-Zip:** NEW PORT RICHEY, FL 34654

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:** KATHLEEN A. ANDERSON

DR.

02/15/2010

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

\_\_\_\_\_  
Date