

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L05828

FILED
Apr 20, 2009
Secretary of State

Entity Name: CHIROPRACTIC CLINICS, INC.

Current Principal Place of Business:

516 PATRICIA
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

516 PATRICIA
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 59-2963237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLUCCI LYNN M.
218 MIDWAY ISLAND
CLEARWATER, FL 33767 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: PST () Delete
Name: COLUCCI, LYNN M.
Address: 218 MIDWAY ISLAND
City-St-Zip: CLEARWATER, FL

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: LYNN COLUCCI

PST

04/20/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date