

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L22718

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** TREASURE COAST CHIROPRACTIC, INC.

**Current Principal Place of Business:**

1894 SE PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

1894 SE PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952 US

**New Mailing Address:**

FEI Number: 65-0160431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROTHSTEIN, GREGG J  
1894 SE PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34952 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: PSD  
Name: ROTHSTEIN, GREGG J  
Address: 1894 SE PORT ST. LUCIE BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: GREGG J ROTHSTEIN, DC

PSD

02/18/2010

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

\_\_\_\_\_ Date