

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L95955

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** TULLER CHIROPRACTIC CENTER, INC.

**Current Principal Place of Business:**

310 S. LAWRENCE BLVD.  
KEYSTONE HEIGHTS, FL 326560160 US

**New Principal Place of Business:**

6286 BAKER ROAD  
LAKE GENEVA, FL 32160 US

**Current Mailing Address:**

PO BOX 101  
LAKE GENEVA, FL 32160 US

**New Mailing Address:**

FEI Number: 59-3027403      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TULLER, RICHARD C.  
310 S. LAWRENCE BLVD.  
KEYSTONE HEIGHTS, FL 32656 US

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

TULLER, RICHARD C.  
6286 BAKER ROAD  
LAKE GENEVA, FL 32160 US

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

04/26/2010

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: TULLER, RICHARD C.  
Address: 6286 BAKER RD.  
City-St-Zip: LAKE GENEVA, FL 32160 US

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: RICHARD TULLER

PRES

04/26/2010

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

\_\_\_\_\_  
Date