

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L99982

FILED
Jan 06, 2010
Secretary of State

Entity Name: VICKI M. MERRICK, D.C., P.A.

Current Principal Place of Business:

2060 PALM BAY ROAD NE
SUITE 2
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 100246
PALM BAY, FL 32910 US

New Mailing Address:

FEI Number: 59-3028323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERRICK, VICKI M PRES
2060 PALM BAY ROAD NE
SUITE 2
PALM BAY, FL 32905 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: MERRICK, VICKI M PRES
Address: 2060 PALM BAY ROAD NE, SUITE 2
City-St-Zip: PALM BAY, FL 32905

Title: VP
Name: MERRICK, VICKI
Address: 2060 PALM BAY ROAD NE SUITE 2
City-St-Zip: PALM BAY, FL 32905

Title: S
Name: MERRICK, VICKI
Address: 2060 PALM BAY ROAD NE SUITE 2
City-St-Zip: PALM BAY, FL 32905

Title: T
Name: MERRICK, VICKI
Address: 2060 PALM BAY ROAD NE SUITE 2
City-St-Zip: PALM BAY, FL 32905

Title: D
Name: MERRICK, VICKI
Address: 2060 PALM BAY ROAD NE SUITE 2
City-St-Zip: PALM BAY, FL 32905

Title: D
Name: MERRICK, VICKI
Address: 2060 PALM BAY ROAD NE SUITE 2
City-St-Zip: PALM BAY, FL 32905

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: VICKI MERRICK

PD

01/06/2010

Electronic Signature of Signing Officer or Director

_____ Date