

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M81135

FILED
Apr 30, 2010
Secretary of State

Entity Name: GENTLE CHIROPRACTIC OFFICES, INC.

Current Principal Place of Business:

10020 S FERERAL HWY
PORT ST LUCIE, FL 34952 US

New Principal Place of Business:

1696 SE HILLMOOR DR.
SUITE C
PORT ST LUCIE, FL 34952 US

Current Mailing Address:

10020 S FEDERAL HWY
PORT ST LUCIE, FL 34952 US

New Mailing Address:

1696 SE HILLMOOR DR.
SUITE C
PORT ST LUCIE, FL 34952 US

FEI Number: 65-0052180 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DAWSON, JOSEPH R.
320 DAVIE BLVD
FT. LAUDERDALE, FL 33315 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: DPS
Name: GOLDBERG, HARRIS I.
Address: 1696 SE HILLMOOR DR., SUITE C
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: DVT
Name: GOLDBERG, MARY H.
Address: 1696 SE HILLMOOR DR., SUITE C
City-St-Zip: PORT ST LUCIE, FL 34952 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: MARY GOLDBERG

DVT

04/30/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date