

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00869

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** COUNCIL ON ORTHOPEDICS OF THE FLORIDA CHIROPRACTIC ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O DR. RANDOLPH C. HARDING  
2326 US HIGHWAY 19  
HOLIDAY, FL 346913996

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DR. RANDOLPH C. HARDING  
2326 US HIGHWAY 19  
HOLIDAY, FL 346913996

**New Mailing Address:**

**FEI Number:** 59-2355846

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARDING, DR. RANDOLPH C.  
2326 US HIGHWAY 19  
HOLIDAY, FL 346910996 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BYRON, CLARK  
Address: 19212 SEA MIST LANE  
City-St-Zip: LUTZ, FL 33558

Title: STD  
Name: HARDING, DR. RANDOLPH C.  
Address: 2326 US HWY 19  
City-St-Zip: HOLIDAY, FL

Title: DC  
Name: SHONTZ, MIKE  
Address: 2326 US HWY 19  
City-St-Zip: HOLIDAY, FL 34691

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RANDOLPH C HARDING

STD

04/13/2010

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

\_\_\_\_\_  
Date