2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001667

FILED May 06, 2009 Secretary of State

Entity Name: PALM BEACH COUNTY CHIROPRACTIC SOCIETY, INC.

New Principal Place of Business: Current Principal Place of Business:

7118 LAKE ISLAND DR. LAKE WORTH, FL 33467

Current Mailing Address: New Mailing Address:

7118 LAKE ISLAND DR LAKE WORTH, FL 33467

FEI Number: 59-2119229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

PERIU, OSMANY ANDERSON, DAVID

399 CAMINO GARDEN BLVD., #104 2790 NORTH MILITARY TRAIL

BOCA RATON, FL 33432 ÚS WEST PALM BEACH, FL 33409 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: DAVID ANDERSON 05/06/2009

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

BOYNTON BEACH, FL 33426

(X) Change () Addition () Delete

PERIU. OSMANY ANDERSON, DAVID Name: Name:

Address: 399 CAMINO GARDEN BLVD., #104 Address: 2790 NORTH MILITARY TRAIL City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: WEST PALM BEACH, FL 33409

Title: () Delete Title: (X) Change () Addition

ANDERSON, DAVID Name: BERMAN, RUTH

Name: Address: 2790 N. MILITARY TRAIL Address: 901 N. CONGRESS AVE., STE, D-104

Title: () Delete Title: () Change () Addition

EBLING, RANDALL Name: Name: 209 W BOYNTON BEACH BLVD. Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip:

WEST PALM BEACH, FL 33409

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DAVID ANDERSON Ρ 05/06/2009