

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004348

FILED
Apr 28, 2011
Secretary of State

Entity Name: HILLSBOROUGH COUNTY CHIROPRACTIC SOCIETY, INC.

Current Principal Place of Business:

14440 BRUCE B DOWNS BLVD
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291097
TEMPLE TERRACE, FL 33687 US

New Mailing Address:

FEI Number: 59-2996810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISHOFF, DUANE B CPA
3834 W HUMPHREY STREET
TAMPA, FL 33614 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: P
Name: VENTURINO, NICK DC
Address: 14440 BRUCE B DOWNS BLVD
City-St-Zip: TAMPA, FL 33613 US

Title: IPP
Name: ZWIRN, GREG DC
Address: 4015 N. ARMENIA AVE, STE 102
City-St-Zip: TAMPA, FL 33607 US

Title: T
Name: BETHUNE, ERIKA N DC
Address: 6406 E. FOWLER AVE, STE D
City-St-Zip: TEMPLE TERRACE, FL 33617 US

Title: S
Name: RIBLEY, PATTY DC
Address: 8525 W. HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33615 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICK VENTURINO DC

P

04/28/2011

Electronic Signature of Signing Officer or Director

Date