

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001358

FILED
Apr 20, 2009
Secretary of State

Entity Name: CHIROPRACTIC CARE INDEPENDENT PRACTICE ASSOCIATION, INC.

Current Principal Place of Business:

10175 FORTUNE PARKWAY
SUITE 1001
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10175 FORTUNE PARKWAY
SUITE 1001
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3518612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALTOMARE, JOSEPH J
10175 FORTUNE PARKWAY
SUITE 1001
JACKSONVILLE, FL 32256 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: D () Delete
Name: ALTOMARE, JOSEPH J DC
Address: 10175 FORTUNE PARKWAY SUITE 1001
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: FIORE, MICHAEL DC
Address: 8101-5 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: JOHNSON, ALAN DC
Address: 703 SOUTH MYRTLE AVE
City-St-Zip: CLEARWATER, FL 33516

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH J ALTOMARE

DR.

04/20/2009

Electronic Signature of Signing Officer or Director

Date