

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000047838

FILED  
Apr 21, 2009  
Secretary of State

**Entity Name:** RUGGIANO CHIROPRACTIC HEALTH CENTER, INC.

**Current Principal Place of Business:**

1793 SW 3RD AVE  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

1793 SW 3RD AVE  
MIAMI, FL 33129

**New Mailing Address:**

**FEI Number:** 65-1029180

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEUSCHEL, HERB E  
BERKOVITS, LAGO & CO. LLP  
8211 W. BROWARD BLVD., SUITE 340  
PLANTATION, FL 33324 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:** P ( ) Delete  
**Name:** RUGGIANO, PAUL J  
**Address:** 3800 SW 60 AVE  
**City-St-Zip:** MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PRES (X) Change ( ) Addition  
**Name:** RUGGIANO, PAUL J  
**Address:** 1793 SW 3RD AVENUE  
**City-St-Zip:** MIAMI, FL 33129

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

**SIGNATURE:** DR. PAUL RUGGIANO

PRES

04/21/2009

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

\_\_\_\_\_  
Date