2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2009
Secretary of State

DOCUMENT# P00000048218

Entity Name: NAPLES CHIROPRACTIC CENTER, INC.

Current Principal Place of Business:

1890 SW HEALTH PKWY
S. #204
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

1890 SW HEALTH PKWY
S. #204
NAPLES, FL 34109

New Mailing Address:

FEI Number: 59-3654900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIDABADI, HOMAYOUN
1890 SW HEALTH PKWY
SUITE 204
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

BIDABADI, HOMAYOUN D.C.
1890 SW HEALTH PKWY
SUITE 204
NAPLES, FL 34109 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: HOMAYOUN BIDABADI 07/08/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete
Name: BIDABADI, HOMAYOUN
Address: 1890 SW HEALTH PKWY S# 204
City-St-Zip: NAPLES, FL 34109

Title: DC ( ) Delete
Name: BIDABADI, HOMAYOUN
Address: 1890 SW HEALTH PKWY S# 204
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D.C. (X) Change ( ) Addition
Name: BIDABADI, HOMAYOUN
Address: 1890 SW HEALTH PKWY S# 204
City-St-Zip: NAPLES, FL 34109

Title: DC (X) Change ( ) Addition
Name: BIDABADI, HOMAYOUN
Address: 1241 FRUITVILLE RD
City-St-Zip: SARASOTA, FL 34236

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: HOMAYOUN BIDABADI D.C. 07/08/2009
Electronic Signature of Signing Officer or Director Date