

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000048218

FILED
Feb 16, 2010
Secretary of State

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 D.C.
1890 SW HEALTH PKWY
SUITE 204
NAPLES, FL 34109 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: D.C.
Name: BIDABADI, HOMAYOUN
Address: 1890 SW HEALTH PKWY S# 204
City-St-Zip: NAPLES, FL 34109

Title: DC
Name: BIDABADI, HOMAYOUN
Address: 1241 FRUITVILLE RD
City-St-Zip: SARASOTA, FL 34236

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

SIGNATURE: HMAYOUN BIDABADI

DC

02/16/2010

Electronic Signature of Signing Officer or Director

Date