

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000085015

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Entity Name:** PALM HARBOR CHIROPRACTIC AND REHABILITATION CLINIC, INC.

**Current Principal Place of Business:**

36081 US HWY 19 N  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

36081 US HWY 19 N  
PALM HARBOR, FL 34684

**New Mailing Address:**

**FEI Number:** 65-1036169

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KERR, HARVARD C  
3190 EDMOND DRIVE  
PALM HARBOR, FL 34685 US

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

KERR, HARVARD C  
1337 TRIMARAN PL  
TRINITY, FL 34655 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:**

02/24/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KERR, BARTLEY H  
Address: 10542 SABELLA DRIVE  
City-St-Zip: TRINITY, FL 34655

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:** BARTLEY H. KERR

DC

02/24/2010

Electronic Signature of Signing Officer or Director

Date