

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000048865

FILED
Apr 01, 2009
Secretary of State

Entity Name: ROSEMONT CHIROPRACTIC HEALTH & REHABILITATION, P.A.

Current Principal Place of Business:

1040 ABERNATHY LANE
206
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

PO BOX 878
PLYMOUTH, FL 32768

New Mailing Address:

FEI Number: 59-3718361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMACHO, ALEXANDER PRESIDE
1040 ABERNATHY LANE
206
APOPKA, FL 32703 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: PSD () Delete
Name: CAMACHO, ALEXANDER
Address: PO BOX 878
City-St-Zip: PLYMOUTH, FL 32768

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: ALEXANDER CAMACHO

PSD

04/01/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date