## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090389

Entity Name: CHOICE CARE CHIROPRACTIC, INC.

FILED Apr 22, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5772 WILES RD 2901 RIVERSIDE DR

CORAL SPRINGS, FL 33067 #204

CORAL SPRINGS, FL 33065 US

**Current Mailing Address: New Mailing Address:** 

2901 RIVERSIDE DR. 2901 RIVERSIDE DR

#204

CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 US

FEI Number: 65-1137196 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SCALIA, JOSEPH JR DC SCALIA, JOSEPH DR 2901 RIVERSIDE DR 2901 RIVERSIDE DR **UNIT 204 UNIT 204** 

CORAL SPRINGS, FL 33065 US CORAL SPRINGS, FL 33065 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: JOSEPH SCALIA JR DC 04/22/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition () Delete Title: PRFS

SCALIA, JOSEPH JR Name: Name: SCALIA, JOSEPH DC 2901 RIVERSIDE DR. UNIT 204 2901 RIVERSIDE DR. UNIT 204 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip: CORAL SPRINGS, FL 33065

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: JOSEPH SCALIA JR DC **PRES** 04/22/2009

Electronic Signature of Signing Officer or Director

Date