

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017833

FILED
Apr 07, 2009
Secretary of State

Entity Name: KEENAN CHIROPRACTIC, P.A.

Current Principal Place of Business:

3388 WOODS EDGE CIR., STE 102
BONITA SPRINGS, FL 34134

New Principal Place of Business:

3388 WOODS EDGE CIRCLE
SUITE 102
BONITA SPRINGS, FL 34134

Current Mailing Address:

3388 WOODS EDGE CIR., STE 102
BONITA SPRINGS, FL 34134

New Mailing Address:

3388 WOODS EDGE CIRCLE
SUITE 102
BONITA SPRINGS, FL 34134

FEI Number: 02-0549297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEENAN, MICHAEL JAY DR.
3388 WOODS EDGE CIR., STE 102
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

KEENAN, MICHAEL JAY DR.
3388 WOODS EDGE CIRCLE
SUITE 102
BONITA SPRINGS, FL 34134 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: MICHAEL J. KEENAN

04/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEENAN, MICHAEL JAY
Address: 3388 WOODS EDGE CIR., STE 102
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP () Delete
Name: LOURIE, LYNN MARIE
Address: 3388 WOODS EDGE CIR., STE 102
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL J. KEENAN

PR

04/07/2009

Electronic Signature of Signing Officer or Director

Date