2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P02000051427

Entity Name: SPINAL CHIROPRACTIC INC.

Current Principal Place of Business:

753 NE 4TH AVENUE
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

753 NE 4TH AVENUE
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 43-1960613 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSSO, CARL RICHARD
3155 N. PALM-AIRE DRIVE
APT 205
POMPANO BEACH, FL 33069/BR US

Name and Address of New Registered Agent:

MOSSO, CARL RICHARD
753 NE 4TH AVE
FT LAUDERDALE, FL 33304 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: CARL R MOSSO 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MOSSO, CARL R
Address: 3155 N. PALM - AIRE DRIVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: V ( ) Delete
Name: MOSSO, TEREZINHA B
Address: 3155 N. PALM - AIRE DRIVE
City-St-Zip: POMPANO BEAC, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MOSSO, CARL R
Address: 753 NE 4TH AVE
City-St-Zip: FT LAUDERDALE, FL 33304

Title: V (X) Change ( ) Addition
Name: MOSSO, TEREZINHA B
Address: 753 NE 4TH AVE
City-St-Zip: FT LAUDERDALE, FL 33304

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: CARL R MOSSO OWNE 04/29/2009
Electronic Signature of Signing Officer or Director Date