2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000081930

FILED Apr 30, 2009 Secretary of State

Entity Name: HORNBACK CHIROPRACTIC AND WELLNESS, P.A.

Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	TEWOOD DRI	√E			
SUITE 101 BRADENT	ON, FL 34211				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
11023 GATEWOOD DRIVE SUITE 101					
	ON, FL 34211				
FEI Number:	04-3707414	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
		UE, SUITE 802 US			
	named entity s of Florida.	submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATUF	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DR () HORNBACK, C' 4621 SWORDF BRADENTON, F	ISH DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CYNTHIA HORNBACK PRES 04/30/2009