

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004135

Entity Name: T.L.C. CHIROPRACTIC INC.

FILED  
Jun 04, 2009  
Secretary of State

## Current Principal Place of Business:

487-3 E. TENNESSEE STREET  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

487 E. TENNESSEE STREET  
STE. 3  
TALLAHASSEE, FL 32301

## Current Mailing Address:

487-3 E. TENNESSEE STREET  
TALLAHASSEE, FL 32301

## New Mailing Address:

487 E. TENNESSEE STREET  
STE. 3  
TALLAHASSEE, FL 32301

FEI Number: 06-1670378

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ISEMAN, GREGORY SCOTT  
2018 W. RANDOLPH CIRCLE  
TALLAHASSEE, FL 32308 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ISEMAN, GREGORY SCOTT  
Address: 2018 W. RANDOLPH CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: CEO ( ) Delete  
Name: ISEMAN, GREGORY SCOTT  
Address: 2018 W. RANDOLPH CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32308

## 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: GREGORY ISEMAN, D.C.

PD

06/04/2009

Electronic Signature of Signing Officer or Director

Date