

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000033360

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** FULMORE & ASSOCIATES CHIROPRACTIC AND SPINAL INJURY CENTERS, P.A.

**Current Principal Place of Business:**

781 MAITLAND AVENUE  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

781 MAITLAND AVENUE  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 56-2337210

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, BRADLEY J  
100 TECHNOLOGY PARK  
SUITE 170  
LAKE MARY, FL 32746 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** FULMORE, RONALD L  
**Address:** 781 MAITLAND AVENUE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701

**Title:** VP  
**Name:** FULMOREII, RONALD L  
**Address:** 781 MAITLAND AVE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32701

I hereby 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 all other like empowered.

**SIGNATURE:** RONALD FULMORE

PRES

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date